

# LEAD SAFE CLEVELAND COALITION

May 1, 2019

Cleveland City Council  
601 Lakeside Avenue, Room 220  
Cleveland, Ohio 44114

Dear Cleveland City Council Members:

On behalf of the Lead Safe Cleveland Coalition, we would like to present you with the enclosed policy recommendations to help make Cleveland lead safe.

In a recent Case Western Reserve University study, 93.5 percent of Cleveland kindergartners tested had some exposure to lead, which at even low levels can damage a developing brain and cause lifelong problems with education, behavior, and health. In fact, there is no safe blood level of lead.

The Lead Safe Cleveland Coalition is a public-private partnership formed to address the pervasive issue of lead poisoning in our community. Our approach is preventive, comprehensive, and long-term.

The Coalition began taking shape nearly one year ago with support from a collaboration of philanthropic organizations, community experts, and City leaders. Today, the Coalition has over 225 members and five working committees. All are welcomed to participate in this work because we know that Cleveland succeeds when partnerships are cross-sector and inclusive. Lead poisoning affects our entire community, and we all need to take responsibility for addressing it.

**The Coalition believes in primary prevention. No child should ever be lead poisoned.** We aim to protect Cleveland's children by merging practical public policies; robust and coordinated government infrastructure; knowledgeable agencies willing to collaborate and adapt; proven community programs and leadership; and public and private sector accountability. Every element is critical. We cannot succeed without public, private, philanthropic, and non-profit sectors jointly committing the long-term resources needed to sustain a lead safe Cleveland.

In January 2019, the Coalition committed to developing local legislative policy recommendations. With a deep sense of urgency, it delegated the development of recommendations to the Policy Committee, which is chaired by Enterprise Community Partners and consists of over 70 members representing housing, healthcare, community development, policy, government, philanthropy, research institutions, neighborhoods, and more. All of the policy recommendations submitted to you today have been majority-supported by this expert, diverse committee.

We are deeply grateful to Policy Committee members for their hard work and unflinching commitment to Cleveland's children. And we are proud to present innovative and ambitious policy recommendations that thoughtfully consider feasibility and reflect the urgent need to make Cleveland lead safe. Finally, we acknowledge that these policy recommendations must be accompanied by careful implementation, a

well-structured delivery infrastructure, robust community-led programming, ongoing evaluation, and substantial resources. This is why the work of the Policy Committee, and truly the Coalition at large, is only beginning.

Lead poisoning is an urgent, complicated issue and we believe in our approach. Just as importantly, we are in it for the long haul. We welcome quick action on the part of Cleveland City Council and a robust, public dialogue to follow. We look forward to continued partnership with you throughout the legislative process and beyond.

Thank you,

**Mitchell Balk**



President, Mt. Sinai Health Care Foundation  
Chair, Governance Committee

**Marcia Egbert**



Senior Program Officer, The George Gund Foundation  
Chair, Resource Development Committee

**Kim Foreman**



Executive Director, Environmental Health Watch  
Chair, Community Engagement Committee

**Mark McDermott**



VP and Ohio Market Leader, Enterprise Community Partners  
Chair, Policy Committee

**August A. Napoli**



President & CEO, United Way of Greater Cleveland  
Chair, Lead Safe Home Summit Committee

# **LEAD SAFE CLEVELAND COALITION**

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# LEAD SAFE CLEVELAND COALITION

## INTRODUCTION

Lead poisoning is pervasive and robs Cleveland's children of their potential. Lead exposure, at even low levels, can damage a developing brain and cause lifelong problems affecting education, behavior, and health. Children younger than six are especially vulnerable to lead poisoning, so preventing exposure is imperative for ensuring a foundation for lifelong success.

Lead is an environmental toxin that affects the brain, heart, bones, and kidneys, and there are no safe levels once it is in the bloodstream. Lead poisoning occurs when lead builds up in the body, often over months or years, causing serious problems. Many of these problems are not detected until years after exposure. Sometimes, signs of lead poisoning may not show up until adulthood.

Lead poses risks prenatally as well. Lead present in maternal bone can be released into the bloodstream during pregnancy and become a source of exposure to a developing fetus. It can also cross the placental barrier, resulting in serious effects, such as miscarriage, fetal malformations, reduced fetal growth, premature birth, stillbirth, and low birth weight.

Very high doses of lead, which are rarely seen in the United States today, can cause seizures, coma, and death. However, even much lower levels can cause neurological damage, such as impaired memory and executive function, which includes the ability to plan, remember instructions, and juggle multiple tasks. Lead exposure may also cause depression, anxiety, and withdrawn behavior—the tendency to avoid the unfamiliar, either people, places, or situations. Lead exposure can result in decreased IQ and academic performance and can cause issues with impulsivity, hyperactivity, and attention disorders. Lead can be especially problematic among populations experiencing other developmental risk factors, all of which can impair school readiness. Lead poisoning creates a toxic baseline to which all other risks are added. This is why primary prevention is urgently needed.

Lead can be found in paint, soil, jewelry, toys, home remedies, ceramics, candy, and water. However, leaded dust is by far the most common form of exposure for children in Cleveland. Lead exposure is a public health, education, and workforce development issue with a housing solution. Various models exist to prevent lead exposure, but the fundamental idea among them is the same: Improve housing conditions so that children do not have the opportunity to ingest or inhale lead-based paint exposures in the home.

### **The Lead Safe Cleveland Coalition**

The Lead Safe Cleveland Coalition is a public-private partnership formed to address the issue of lead poisoning. Our approach is preventive, comprehensive, and long-term. We believe no child should ever be lead poisoned. We aim to protect Cleveland's children by merging practical public policies; knowledgeable agencies willing to collaborate and adapt; proven community programs and leadership; and public and private sector accountability. Lead poisoning is an urgent, complicated issue and these policy recommendations represent an important step in a much larger and systemic effort.



## **The Policy Committee and its Process**

With a deep sense of urgency, the Coalition delegated the development of local legislative recommendations to the Policy Committee, chaired by Enterprise Community Partners. This Committee consists of over 70 members representing housing, healthcare, community development, policy, government, philanthropy, research institutions, neighborhoods, and more. The Policy Committee established a short-term goal to make initial policy recommendations to Cleveland City Council by May 1, 2019. To meet this goal, the committee set an aggressive meeting schedule and formed four subcommittees to produce policy options for discussion and voting. The subcommittees were: 1) Prevention; 2) Screening and Testing; 3) Treatment and Intervention, and; 4) Education and Outreach.

The policy recommendations were agreed upon democratically and all of them received a majority of support through a confidential, electronic voting process. The Committee members also had an opportunity to “opt out” of supporting these majority-supported recommendations. Alternative recommendations, comments, and feedback from Committee members are included as a part of this submission.

The Coalition recognizes that policy making is not finite but is instead iterative and co-creative. The Policy Committee process reflects this notion, as do its recommendations and its expectations moving forward. Just as the Coalition has welcomed feedback and participation at every turn, we look forward to robust, public dialogue and continued partnership throughout the legislative process, which now relies on Cleveland City Council to act. We anticipate continued engagement with Council and are eager to participate in the next steps of policy making.

The policy recommendations reflect countless hours of discussion and years of hard work and expertise from a diverse collection of over 70 voices. We thank the Policy Committee members for their work product, which required research, honest dialogue, commitment, and compromise. The depth of the Policy Committee discussion was remarkable. The process centered on community leadership and elevating the voices of experts, advocates, and residents who have been living this work on the ground for years and even decades. The policy recommendations reflect those many years of hard work. We recognize that the policy recommendations expand and strengthen existing City of Cleveland lead poisoning prevention efforts. Indeed, the collaborative energy and comprehensive approach of the Coalition would be impossible without the foundation Cleveland has set for addressing lead poisoning.

Lead poisoning is a complex, multi-system issue. Policy alone will not protect our children. Policy must be combined with systems change; community leadership; and private sector participation. A careful balance must be struck between what is aspirational and what is practical. Pervasive problems require bold solutions. Yet, policy crafted without vigilant regard to feasibility, enforceability, and equity could, in fact, complicate Cleveland’s lead poisoning problem rather than address it.

The Policy Committee committed to a methodical but determined process that continually asked what improvements or additions to local laws would be possible to help make Cleveland lead safe. With people responsible for implementing any new policies in partnership with those who have on-the-ground experience around the table, the Policy Committee asked these questions and many others to guide its discussions:

- How do we build in accessible and equitable resources?
- What enforcement mechanisms are necessary and possible?
- How can we quickly and sustainably develop the needed workforce?
- Where can we embed robust landlord and community education and outreach?
- How can we avoid or mitigate unintended consequences?

Along with the expertise and experience around the table, an impressive amount of best practice research informed the policy recommendations. In short, the policy recommendations are based on science and evidence. The Coalition learned from both the successful and unsuccessful experiences of peer communities around the country. The Coalition has studied and continues to study similar efforts in Rochester, NY, Maryland, New York State, Toledo, OH, Detroit, MI, Omaha, NE, and others, and adapted the lessons of those experiences to the Cleveland context. Included in the enclosed Reference List is a long, but not exhaustive list, of some of our learnings.

These policy recommendations represent an opportunity for Cleveland City Council to take action in law, in resolution, in funding priorities, and in partnership with Mayor Jackson's Administration. The policy recommendations are not presented in legislative language, but instead as a list of legislative priorities agreed upon by experts, practitioners, and community members in order to better protect children from the harmful effects of lead exposure. The Coalition and the Policy Committee are committed to working closely with Cleveland City Council and Mayor Jackson to address ongoing questions of execution and cost, both during and after the legislation has been deliberated.

The Coalition also prioritized the creation and public-private capitalization of a Lead Safe Home Fund, a central strategy in our overall efforts that is closely linked to the policy recommendations. The Fund is designed to be flexible enough to finance a variety of lead-related interventions for landlords and homeowners who lack the resources to make vital repairs that result in lead safe homes. The Fund will also support coordinated services needed to protect children and families, as well as assist with workforce development. We know that the Fund must be structured to support the new mandates, systems, and programs included in the policy recommendations. This will require investments from all sectors, and we will leave no stone unturned in finding the resources to make it happen.

The Policy Committee has explicitly committed to a long-term scope of work that encompasses: Comprehensive and sustainable local, state, and federal policies; administrative rules; community programs; implementation; delivery infrastructure; and resources. The Policy Committee has already identified dozens of areas that require attention but fall outside of the scope of local legislation. The work of the Policy Committee, and truly the Coalition at-large, is just beginning. For instance, among a long list of other items, the Committee plans to:

- Continue to have extensive screening and testing discussions, which will include further research on the legality, cost-effectiveness, and precedent of a universal lead screening and testing mandate.
- Explore the application of individualized education plans (IEPs) for children who have been lead poisoned.
- Coordinate state advocacy related to Medicaid Managed Care Organizations and their ability to incentivize or mandate lead poisoning prevention efforts.

Based on the Policy Committee's expertise, diverse experiences, and research, the policy recommendations reflect the Coalition's approach to prioritize primary prevention and the foundational importance of proactive rental inspections. The centerpiece of the policy recommendations is, in fact, a Lead Safe Certificate mandate for rental units built before 1978. The policy recommendations contemplate the system – essentially the critical delivery infrastructure - necessary for the Lead Safe Certificate mandate to succeed. While not an exhaustive list, the system includes additional elements of the certificate itself; the deliberate rollout of the mandate; targeting considerations; enforcement and evaluation; and the robust, diverse set of necessary resources.

The policy recommendations do not and cannot stop there. The policy recommendations look beyond the Lead Safe Certificate and contemplate other policies regarding prevention, screening and testing, treatment and intervention, and education and outreach.

## **Hallmarks of the Policy Recommendations**

### **URGENT YET FEASIBLE ROLL OUT**

A successful Lead Safe Certificate system must be built on a high-functioning rental inspection program and Rental Registry. The policy recommendations include a one-year Ramp-Up toward the Lead Safe Certificate program to allow the existing rental inspection efforts to cycle and improve before adding a new mandate. The Ramp-Up period also allows for critical workforce and resource development, as well as implementation preparation. The Ramp-Up period also builds in a potential incentive period for early adopter landlords. The policy recommendations also include a two-year Phase-In period, divided quarterly according to eight rental inspection areas. These eight Lead Safe Certificate areas adapt and build upon the successful concept of the Department of Building and Housing rental inspection areas. A Phase-In approach allows for caseload management and aims to avoid legal issues associated with targeted enforcement. Operationally, a Phase-In approach distributes landlord cost burden over time and supports a viable, year-round workforce of inspectors.

### **NO STICKS WITHOUT CARROTS**

The Policy Committee understands that the Lead Safe Certificate represents a shift in the way Cleveland landlords do business. To increase compliance within a new system, incentives should accompany mandates. The policy recommendations include an incentive for early adoption by providing inspection vouchers to landlords or property owners registering rental units with the Rental Registry during the Ramp-Up period. Along with the Lead Safe Home Fund, the Lead Safe Resource Center and other resources, early adoption incentives compose a toolkit of tools to prioritize efficacy and compliance.

### **PRIORITIZED ASSISTANCE FOR THOSE MOST AT-RISK**

The Policy Committee discussed at length getting help and giving attention to the Cleveland homes with the highest risk of poisoning children. Ultimately, the policy recommendations suggest that there must be targeted resources, but not targeted enforcement. This approach contemplates the very real concerns about legality and equity while ensuring that the Lead Safe Certificate assists the most vulnerable in our community. Resources should be targeted based on the need of tenants, with priority given to high-risk areas.

### **EQUITABLE ENFORCEMENT**

Homeownership is a leading contributor to generational wealth building. However, redlining has created historical inequities in the value of Cleveland homes, with thousands of dollars differentiating home values in predominantly white and black neighborhoods. Lead Safe Certificate penalties should not unintentionally exacerbate this historical injustice through criminalization. The policy recommendations suggest that enforcement center on civil penalties, rather than criminal penalties, in both the new Lead Safe Certificate system and the existing Rental Registry.

### **QUALITY CONTROL AND ACCOUNTABILITY**

The Policy Committee discussed the importance that the new Lead Safe Certificate system support and not hinder a healthy rental housing market in Cleveland. The system needs to be nimble and accountable to quickly process all mandated properties and uphold a high standard of quality control. Conversely, the system needs to explicitly impede the rental of any units that pose a risk. If these lines are blurred, it could be at the peril of Cleveland's housing markets. Contained in this balance is the role of customer service-oriented public agencies and the role of qualified, objective third-party partners.

The Policy Committee recognizes the value of utilizing a third party to conduct inspections while also recognizing the need for quality control of the third-party system. Without quality control, an otherwise well-functioning system can become another set of empty mandates. The policy recommendations include the appointment of a Lead Safe Auditor to provide independent oversight of the Lead Safe Certificate as

well as the creation of a Lead Safe Ombudsperson to serve as a public-facing resource to members of the community who are impacted by the Lead Safe Certificate system. Together, these positions would vet inspectors and contractors and address concerns about work quality and noncompliance.

#### PROTECTION AGAINST AND MITIGATION OF UNINTENDED CONSEQUENCES

Any new system requires rigorous review and evaluation. The policy recommendations suggest that explicit language be included to trigger automatic policy reevaluation if certain impacts are discovered. This recommendation is a small but critical safeguard against unintended consequences, such as displacement, housing insecurity, and homelessness.

#### A WELL-RESOURCED SYSTEM AND COMMUNITY

The policy recommendations include seeding the Lead Safe Home Fund and the Lead Safe Resource Center with City of Cleveland appropriations. In order to help children, we must help landlords and the community engage with the new Lead Safe Certificate system. The Lead Safe Home Fund will provide a sliding scale of subsidies to support remediation work ranging from interim controls to full abatement, inspection subsidies, training for inspectors and contractors, emergency transitional housing support, and other direct services as needed by families and children. The Lead Safe Resource Center will serve as a clearinghouse for landlord training, a workforce directory, equipment rental, lead exposure information, resources, hotline, and process navigation. Both the Fund and Resource Center will be supported by public, private, and philanthropic partners, but the policy recommendations underscore the need for the City of Cleveland to have ‘skin in the game’.

#### CROSS-SYSTEM COORDINATION

Multi-sector problems like lead poisoning thrive off of the difficulty that comes from coordinating solutions across large systems, organizations, and geographies. The policy recommendations establish a council for cross-system coordination of screening and testing that shares information and data, coordinates services, and assesses gaps. The work foremost includes establishing best practices that allow for the efficient and effective coordination of services for families who are at risk of or have been exposed to lead hazards.

#### INNOVATION AND SYSTEMS CHANGE

New solutions require new thinking and new ways of doing business. The policy recommendations encourage the City of Cleveland to consider further exploration of cutting-edge policies like rent deposit and escrow tools for future policy recommendations. The policy recommendations also address lead poisoning on a systems level and suggest that all projects using City of Cleveland funding be lead safe and/or employ lead safe work practices. Ultimately, the policy recommendations contain a shift in the way landlords engage with the City. Compliant landlords need to be able to count on a customer service-oriented system that recognizes and supports their business model – one that largely operates on very small margins.

#### ROBUST, PUBLIC DIALOGUE

These policy recommendations are a milestone in our ongoing public dialogue. The Coalition and the Policy Committee alike have welcomed feedback and participation at every turn. The policy recommendations along with the overall submission reflect our commitment to open dialogue and partnership.

With this, the Coalition welcomes continued conversation and debate. Honest, inclusive dialogue brought about the current policy recommendations, and we know solutions will only continue to improve through ongoing discussion. Whether it be the creation of the Lead Safe Home Fund, the establishment of the Lead Safe Resource Center, fundamentally changing Cleveland’s expectations for its housing stock and landlords, or providing ongoing lead poisoning prevention education, the Coalition stands ready to support the City of Cleveland as a partner. Lead poisoning affects our entire community, and we all need to take responsibility in preventing it.

## POLICY RECOMMENDATIONS

### PREVENTION RECOMMENDATIONS

Lead-based paint and leaded dust in older buildings are the most common sources of lead exposure. Yet, in Cleveland, where over 90 percent of rental units were built before 1978—the year consumer use of lead-based paint was banned nationally—residents, particularly low-income renters of color, face significant barriers to finding safe, healthy homes.

Lead exposure is a public health, education, and workforce development issue with a housing solution. Various models to prevent lead exposure exist, but the fundamental idea among them is the same: Improve housing conditions so that children do not have the opportunity to ingest or inhale lead-based paint exposures in the home.

Interior friction surfaces, such as windows and doors, can produce leaded dust in homes that settles on surfaces or floats in the air. When children, especially those younger than 3, spend time in areas where this dust is present, they can inadvertently ingest or inhale the hazardous, and often invisible, material. It takes less than a teaspoon of dust—the size of a sugar packet—to cause long-term consequences.

Current Ohio laws do not prevent people from moving into rental units with lead hazards. Instead, the state law requiring remediation of hazards is triggered only after a child has been poisoned. Once a child has tested positive for an elevated blood lead level, the Ohio Department of Health (ODH) prompts the local delegated authority to identify and remediate lead hazards within the child's physical environment. However, there is little evidence that the effects of lead exposure can be comprehensively mitigated, so our local policies and systems must work in tandem to prevent children from encountering the toxin.

A collection of interventions will be necessary to protect children against lead exposure and interim controls will be chief among them. Interim controls are effective, but it is important to note that they are not permanent and will need ongoing attention. Ongoing interim controls, paired with increased resources and transparency, will be critical to ensure interim controls can be successful and children are not poisoned.

#### DEFINITIONAL NOTE

The Coalition believes primary prevention is best achieved by creating lead safe homes. A home could be considered lead safe when lead hazards have been controlled so that the concentration of leaded dust remains below the threshold set by the U.S. Environmental Protection Agency (EPA).

Interim controls are a set of measures designed to temporarily reduce exposure risk. Interim controls include specialized cleaning, repairs, painting, temporary containment, ongoing lead hazard maintenance activities, and the establishment and operation of management and resident education programs. Although less costly, interim controls, unlike lead abatement, require ongoing maintenance, typically every two years. This means that, while the housing is no longer hazardous, it may still contain lead-based paint. A lead safe home requires ongoing monitoring and lead safe maintenance. Accordingly, these policy

recommendations allow for the use of interim controls and other low-cost repair methods that protect against lead hazards in and around the home.

Lead free and lead safe are not interchangeable terms. Lead free refers to when all lead-based paint, has been removed or “abated”. Lead free is still important and, in fact, if a child has been identified with elevated blood lead level, a lead free solution can be required. This process generally requires extensive intervention with high financial costs.

In order to shift from responding only after a child has been lead poisoned to a preventive approach based on proactive rental inspections, these policy recommendations rely on the sound and objective testing standards of clearance examinations and lead risk assessments. Clearance examinations include a visual assessment, collection, and analysis of environmental samples (dust samples) to determine whether lead hazards have been sufficiently controlled in a given environment. Risk assessments include a visual assessment, collection, and analysis of environmental samples (dust samples) to determine and report the existence, nature, severity, and location of lead hazards.

### **Lead Safe Certificate**

#### **1. Mandate a Lead Safe Certificate for all rental units built before 1978. The mandatory, proactive certificate should be established by the completion of third-party inspections.**

- Consider allowing exemptions for:
  - Fully renovated and/or majorly rehabbed rental units that have passed an initial clearance examination.
  - Rental units that are already required to be lead safe under federal law.
- Consider allowing exemptions during the initial Lead Safe Certificate cycle for:
  - Rental units that have recently passed randomized lead dust wipe inspections conducted by the Department of Building and Housing.
- The Lead Safe Certificate should attach to the land and transfer upon sale.
- The Lead Safe Certificate should be valid for two years.
- Adhere to the U.S. Housing and Urban Development (HUD) Sampling Standards for multi-unit buildings. If one of the rental units in the applicable sample is found to have lead hazards, mandate an inspection of all rental units.

#### **2. Mandate clearance examinations by certified clearance technicians or certified lead risk assessors OR risk assessments by certified lead risk assessors as acceptable inspections to earn a Lead Safe Certificate.**

- If preferred by landlord or property owner, permit a risk assessment that finds a rental unit to be “lead free” to earn a Lead Free status.
- A Lead Free status should be determined by administrative rule.
- If a property fails the clearance examination or risk assessment and requires remediation, a subsequent clearance examination must be accompanied with a verification that remediations were completed by a certified Renovation, Repair and Painting (RRP) contractor using lead safe work practices.

### **Implementation of the Lead Safe Certificate**

#### **3. Roll out the Lead Safe Certificate in two parts.**

- Ramp-Up (Year 1): The time period from the passage of the Lead Safe Certificate mandate to the first phase of certification is one year. The ramp-up time allows for: 1) workforce development, 2) resource development, 3) implementation preparation, and 4) grace

period/incentive period for early adopters (landlords who certify their rental units as lead safe during year 1).

- Phase-In (Years 2 and 3): After the Ramp-Up period, create a two-year certification cycle that is phased in every quarter according to 8 rental inspection areas.
  - 8 rental inspection areas should be modelled on the existing Department of Building and Housing rental inspection areas but determined by ZIP code. The 8 Lead Safe Certificate inspection areas adapts the successful concept of the Department of Building and Housing rental inspection areas, manages caseload (approximately 8,000 unit per quarter), distributes costs to landlords over time, supports a viable, year-round workforce, and avoids legality issues associated with targeted enforcement.

**4. The Lead Safe Certificate mandate should target resources, as opposed to targeting enforcement.**

- Resources should be targeted based on:
  - High-risk areas (high-risk could be defined by address where screened/tested children live and/or properties identified as having lead hazards).
  - Need of tenants (need could be defined by eligibility for other programs, like Home Energy Assistance Program (HEAP)).

**5. Incentivize early Lead Safe Certificate adoption by providing inspection vouchers to landlords or property owners registering rental units with the Rental Registry during the Ramp-Up period.**

- Vouchers should only be available for vetted inspectors, limited to a certain number per company/inspector, and administered through a community-based program.

**6. To support the ability to implement a high functioning Lead Safe Certificate system, increase the appropriation for the Department of Building and Housing.**

- The appropriation should support software to maintain a publicly accessible database with list of Lead Safe homes.
- The appropriation should support increased enforcement of the Rental Registry, the implementation of the new Lead Safe Certificate, and the tracking and enforcement of rental units that are noncompliant.

**Enforcement and Evaluation of the Lead Safe Certificate**

**7. Lead with civil penalties, rather than criminal penalties, in both the new Lead Safe Certificate system and the existing Rental Registry.**

- Establish civil penalties for Lead Safe Certificate non-compliance, as opposed to the creation of new criminal penalties.
- Add civil penalties to the existing criminal penalties for rental registry non-compliance.
- Prevent contributing to racial inequities by not creating additional criminal penalties.

**8. Require regular monitoring, impact analysis, and public reporting on the Lead Safe Certificate and of the Lead Safe Certificate system.**

- An impact analysis should track metrics developed, in part, with Lead Safe Cleveland Coalition.

**9. Create a position of Lead Safe Auditor to provide independent quality control of the Lead Safe Certificate.**

- The Lead Safe Auditor should be responsible for:
  - Coordinating regular monitoring and reporting on the Lead Safe Certificate system;
  - As needed, enhancing U.S. Environmental Protection Agency (EPA) and Ohio Revised Code standards for inspections and remediation;

- Serving as a clearinghouse for certified and vetted inspectors and contractors;
- Recommending incentives and improvements for ongoing compliance.
- The Lead Safe Auditor could be housed in the Department of Building and Housing, serve in a cross-departmental capacity, and/or be appointed by City Council.

**10. Create a position of Lead Safe Ombudsperson to serve as a public-facing resource to members of the community who are impacted by the Lead Safe Certificate system.**

- The Lead Safe Ombudsperson should be responsible for:
  - Representing the interests of the public by investigating complaints of noncompliance of the Lead Safe Certificate standards;
  - Resolving disputes between parties including: tenants, landlords, contractors, and inspectors.
  - Recommending improvements in the Lead Safe Certificate procedures, policies, and practices.
- The Lead Safe Ombudsperson could be appointed by the City of Cleveland and/or housed in an independent agency with authority and resources.

**11. Include explicit language that triggers automatic policy reevaluation if certain impacts (see #8) are identified.**

- This recommendation is a version of Rochester's "Korfmacher Compromise" to safeguard against unintended consequences such as housing insecurity and homelessness.

**Lead Safe Home Fund and Other Resources**

**12. Seed the Lead Safe Home Fund with a City of Cleveland appropriation.**

- As conceptualized by the Lead Safe Cleveland Coalition, the Lead Safe Home Fund will:
  - Prioritize resources by need but still make resources widely accessible;
  - Fund a sliding scale of subsidies to support remediation work ranging from interim controls to full abatement, inspection subsidies, training for inspectors and contractors, emergency transitional housing support, and other direct services as needed by families and children;
  - Be operated by an independent third party.

**13. Revise the reestablished Department of Community Development paint program to allow interior painting, in addition to exterior use.**

- Coordinate the paint program with the Lead Safe Resource Center and require the necessary training for any participant who intends to access the program to address lead hazards.

**Intersections and Systems Change**

**14. Tenant protections should be increased.**

- Include explicit language stating protections against retaliation for tenants who report landlord non-compliance with Lead Safe Certificate system.
- Add "Source of Income" as a protected class in local anti-discrimination law to advance equitable housing choice and increased mobility.
- Establish a Right to Counsel program to provide representation for low-income families facing eviction.

**15. Require all projects using City of Cleveland funding to be lead safe and/or to employ lead safe work practices, as defined by administrative rule.**



**16. Require proof of the appropriate U.S. EPA-compliant RRP training as a part of applicable contractor registration.**

- Applicable contractors are those who are disturbing paint in rental units and day care centers built before 1978.

## SCREENING + TESTING RECOMMENDATIONS

Since 1990, well over 40,000 children in Cuyahoga County have been poisoned by lead, with the overwhelming majority residing in Cleveland. These numbers hardly capture the extent of the problem though because children at risk for lead poisoning in Cleveland are rarely tested at appropriate times - before the age of 6, and particularly between the ages of 12 and 24 months. Still, there is no need for more data to confirm that primary prevention is urgently needed. It is known that lead poisoning creates a toxic baseline to which all other risks are added - so we must prevent lead exposure from every occurring.

In a recent study conducted by Case Western Reserve University, researchers found that 93.5 percent of Cleveland's kindergartners tested had at least some lead in their blood. Further, more than one-quarter of kindergartners had a blood lead level at or above 5 µg/dL, the Centers for Disease Control and Prevention (CDC) reference level at which public health actions are initiated.

These numbers may still not tell the whole story. Because infants and toddlers are at highest risk for lead exposure and its long-term effects, the American Academy of Pediatrics (AAP) and CDC recommend that children who meet any of the following criteria be tested at ages 12 and 24 months:

- Children who are eligible for or enrolled in Medicaid.
- Children who live in a high-risk ZIP code area.
- Children who live in or visit a home, child care facility, or other building built before 1950.
- Children who live in or regularly visit a home, child care facility, or other building built before 1978 that has deteriorated paint.
- Children who live in or regularly visit a home, child care facility, or other building built before 1978 with recent renovation/remodeling.
- Children whose sibling(s) or playmate(s) has/have had an elevated blood lead level.
- Children who eat non-food items (Pica disorder).
- Children who often put things into their mouths such as toys, jewelry, or keys.
- Children who come into contact with adults whose job or hobby involves lead.
- Children who live near an active or former lead smelter, battery recycling plant, or other industry known to generate airborne lead dust.
- Children whose family members use products from other countries such as pottery, health remedies, spices, or food.
- Children whose family members cook, store, or serve food in lead crystal, pewter, or pottery from Asia, Africa, or Latin America.
- Children who are foreign-born, particularly refugee and internationally adopted children.

The vast majority of children in Cleveland meet at least one of these criteria. However, only 50 percent of children are tested at 1 year of age; only 34.6 percent are tested at 2; and only 21.5 percent are tested at both ages 1 and 2, per American Academy of Pediatrics (AAP) and CDC recommendations.

There are two widely accepted methods for assessing the amount of lead in a child's bloodstream: a capillary (finger-prick) test and a venous blood draw. Prior to either test, parents or caregivers are often asked to complete a lead exposure risk assessment questionnaire to understand and confirm a child's risk.

### DEFINITIONAL NOTE

The terms screen and test are used inconsistently, and even interchangeably, in public health literature and across entities ranging from the U.S. Department of Health & Human Services to the American Academy of Pediatrics.

For consistency throughout these policy recommendations, the term screen refers to the use of a lead exposure risk assessment questionnaire. Meanwhile, the term test refers to the employment of either the capillary test or venous blood draw to assess a child's blood lead level.

There are benefits and drawbacks to both the capillary test and the venous blood draw in terms of cost, equipment needed, professional credentialing required for administration, ease of utilization, and other characteristics. Other considerations include state and federal requirements. For instance, the Ohio Department of Health (ODH) requires a confirmatory venous blood draw be done if a capillary test lead level is elevated.

The recommendations described herein do not assume preference for either method, so continued discussion is imperative, particularly through a lens of policy enforcement and implementation.

**17. Establish a council for cross-system coordination of screening and testing that shares information and data, coordinates services, and assesses gaps.**

- This Council should:
  - Establish best practices that allow for the efficient and effective coordination of services for families who are at risk of or have been exposed to lead hazards;
  - Establish information sharing agreements between organizational members;
  - Partner with the Healthy Homes Advisory Council (HHAC) to implement screening and testing recommendations.
- Include as statutory members representatives from sectors and organizations such as:
  - At least one parent or caregiver living in the City of Cleveland
  - At least one provider from an early childhood education setting
  - Cleveland Department of Public Health
  - Cleveland Metropolitan School District
  - Catholic Charities
  - Cleveland Transformation Alliance
  - Charter School System
  - Religious School System
  - Cuyahoga County Invest in Children
  - Cuyahoga County Board of Health Early Ages Healthy Stages Coalition
  - Cleveland Department of Law
  - Cuyahoga County Family and Children First Council
  - Medicaid Managed Care Organizations operating in the City of Cleveland
  - FQHCs operating in the City of Cleveland
  - Head Start
  - Other major healthcare institutions operating in the City of Cleveland

**18. Require projects and programs operated by the City of Cleveland or supported with City of Cleveland funding that primarily serve children ages 0-6 and pregnant women to provide a screening (appropriately adapted HHAC or similar questionnaire), to offer a referral for testing, and to provide lead poisoning prevention education.**

- Lead poisoning prevention education – for families and providers - should be streamlined across all projects and programs and reflect a consistent, unified message, appropriate for diverse audiences, and developed in conjunction with the Lead Safe Cleveland Coalition.

- Lead poisoning prevention education should articulate the significance of coordination with a medical home.
- Referrals should be to appropriate testing entities.

**19. Instruct the Department of Public Health to re-focus screening and testing efforts to community programs and organizations where children ages 0-6, particularly children ages 12-24 months, are likely to be.**

- Re-focus and, where appropriate, increase resources dedicated to Department of Public Health screening and testing toward early childhood education settings in high-risk areas and other places where children convene like libraries, recreation centers, and WIC offices.

**20. Instruct the Department of Public Health to explore a pilot program that would provide on-site and/or mobile screening, testing, and/or testing referrals, and report back to City Council the findings.**

- Answer the questions: what would it take to create an effective mobile screening and testing program? Would this approach contribute positively and appropriately to improving lead testing rates across Cleveland?

**21. In partnership with the Lead Safe Cleveland Coalition, urge the State of Ohio to create a more detailed, timely, and enforceable database on testing that includes city, county, and state records.**

## TREATMENT + INTERVENTION RECOMMENDATIONS

While primary prevention of lead exposure is the philosophical and programmatic priority of the Coalition, this focus does not entirely supplant the need for more resources and improved processes to address homes and support families already impacted by lead. Lead poisoning is a multi-system problem, and successful treatment and intervention strategies demand broad-based collaboration and support across agencies, levels of government, and the community.

Current treatment and intervention programs, such as the U.S. Department of Housing and Urban Development (HUD) Healthy Homes Program, State Children's Health Insurance Program (SCHIP), and public health lead investigations, have limited capacity and funding to address the current demand for lead hazard control. For example, the funding for the HUD Healthy Homes Lead Hazard Control Grant program has been decreased, restricting the number of units where Cleveland Department of Community Development can intervene. In the past the Lead Hazard Demonstration Grant received by the Cleveland Department of Community Development Office of Lead Hazard Control and Healthy Homes (OHLCHH) was at the maximum amount of \$3.7 million, allowing a unit production goal of 220 units. Today, the grant is still at its maximum amount, but that is now only \$3.4 million, with a production goal of 185 units.

Improved screening and testing, as well as broad, community-wide awareness of lead poisoning will likely result in more children with confirmed elevated blood lead levels in the short-term. In turn, there may be an increase in the application of lead hazard control orders. To meet this demand and maintain a well-functioning system, careful consideration must be made for treatment and intervention. Further, as the Lead Safe Certificate system develops, children will still be at risk of lead poisoning. For those at-risk children and their families, resources and systems must be aligned so that they can receive the treatment and interventions necessary to help mitigate the effects of lead exposure.

The Centers for Disease Control and Prevention (CDC) affirms that early academic and behavioral interventions can help reduce the toxic effects of lead and protect against diminished lifelong health and achievement. Early intervention is critical and can only happen when a family is aware of their child's blood lead levels and lead hazards in their home, and empowered to make decisions and respond to those hazards.

### DEFINITIONAL NOTE

When a lead hazard has been determined to have contributed to a child's lead poisoning, the local delegated authority can issue a lead hazard control order. Therefore, a significant trigger point in treatment and intervention is the lead hazard control order.

In instances where a child has already been poisoned and a lead hazard control order has been issued, lead abatement is often required. Lead abatement refers to measures designed for the single purpose of permanently eliminating lead. Lead abatement includes removal of lead-based paint and leaded dust; permanent enclosure or encapsulation of lead-based paint; replacement of surfaces or fixtures painted with lead-based paint; removal or permanent covering of leaded soil; and other preparation, cleanup, and disposal activities associated with lead abatement. A risk assessment can be used to plan for lead abatement, and credentialed lead abatement contractors are required to complete the work.

### **22. To more quickly process an anticipated increase in lead hazard control order case load, increase appropriation for the Departments of Public Health and Law.**

- Lead Safe Cleveland Coalition outreach in combination with the new Lead Safe Certificate system will likely contribute to an uptick in lead hazard control orders.

**23. Instruct the Department of Community Development to prioritize in Community Development Block Grant (CDBG) program funding criteria to those projects that focus on or include lead poisoning prevention.**

**24. Establish an action team, comprised of representatives from City of Cleveland-funded housing providers, to support families who relocate as a result of lead poisoning or a lead hazard control order.**

- The action team should establish a pool of available housing units for families facing relocation due to lead poisoning;
- The action team should troubleshoot obstacles that emerge during emergency relocation;
- Based on its work, the action team *could* produce a set of recommendations to create a larger and better relocation pipeline. For example, advocate for donated houses to support temporary relocation of families.

**25. Mandate that Certificates of Disclosure include the lead status of property.**

- If there is a current, open lead hazard control order on a property it should be disclosed on the rental registry as well as disclosed during applicable property transfers.
- Certificates of Disclosure could include copies of the lead hazard violations, both open and closed. This is especially important if there were interim controls that require maintenance.

**26. Mandate landlords to fully disclose to tenants when a rental unit is under a lead hazard control order.**

- Disclosure includes directly sending tenants copies of the lead hazard control order, inspections reports, extensions, and notices that a property cannot be re-rented.
- Disclosure should also include pertinent information regarding the Lead Safe Resource Center and action team.

**27. In conjunction with the Lead Safe Cleveland Coalition, explore rent deposit and escrow tools for future policy recommendations.**

- Explore both an expanded version of the existing rent deposit program as well as alternatives, such as declaring properties as worth zero rent while under a lead hazard control order.
- Include a study of:
  - Benefits and challenges.
  - Similar programs like the City of Detroit's Rent Property Escrow Program.

## EDUCATION + OUTREACH RECOMMENDATIONS

Policy and systems changes are rarely effective or sustainable without community buy-in and trust. Indeed, the policy recommendations herein would be difficult, if not impossible, to implement without a widespread understanding of the risks of lead poisoning and information to empower families, landlords, and other stakeholders about opportunities to prevent and address it.

Sharing a unified message that the Coalition's public-private partnership represents a new opportunity and new energy that also pays homage to progress already achieved is paramount. The Coalition's collaboration is unprecedented and builds upon the efforts of its predecessors and partners, from Greater Cleveland Lead Safe Advisory Council to Healthy Homes Advisory Council to the Greater University Circle Community Health Initiative.

In peer cities that have successfully addressed lead, education and outreach has been essential to ensure that tenants know: their roles in maintaining lead safe housing; their rights to request an inspection; and ways to protect themselves from landlord retaliation. For property owners and landlords, it has been essential to ensure that they know about: resources to available to help make repairs and subsidize inspection costs; and the availability of lead safe work training for those who choose to perform work on their own properties do so safely.

Comprehensive community education and outreach is vital to increasing awareness of the new Lead Safe Certificate system and the resources made available to implement it. A Lead Safe Resource Center would serve as the central hub for this education and outreach. A trusted place, centrally located and thought of as a one-stop shop for:

- lead poisoning and prevention education;
- resources on home repairs for property owners;
- information on tenant rights;
- information on accessing funds for interim controls and landlord incentives; and
- workforce development programs for lead clearance technicians, risk assessors, and inspectors.

In short, the Lead Safe Resource Center could become the hub(s) around which community spokes are formed to meet neighborhood-specific needs.

Education and outreach efforts must create clear avenues for honest, two-way communication. The community expects regular reports on the Lead Safe Certificate system. Sharing properties' Lead Safe Certificate status, inspection results, and reports on lead poisoning prevention efforts underscores transparency and builds ongoing trust. And community-based action teams and advocacy, supported and elevated by the Coalition, help ensure that much-needed resources remain available to address lead poisoning.

**28. Create a Lead Safe Resource Center, in coordination the Lead Safe Home Fund, to serve as a “one stop shop” for landlord training, vetted workforce directory, equipment rental, lead 101 information, resources, hotline, and process navigation.**

- Similar to the Lead Safe Home Fund, seed the Lead Safe Resource Center alongside with other public, private, and philanthropic partners.
- To ensure transparency, the City should facilitate a competitive RFP process to select one or more community-based organizations to serve as Resource Center.

- City will set metrics and monitor success in coordination with the Lead Safe Cleveland Coalition.

**29. The Lead Safe Resource Center should provide subsidized, two-part training courses during Lead Safe Certificate Ramp-Up and Phase-In periods.**

- To access subsidized training courses, participants should be required to attend and pass a standard in-class training and follow-up field training.
- Trainings opportunities should include clearance technician and risk assessor training, RRP contractor training, and lead abatement contractor training.
- Consider funding other complementary, community-based workforce development programs for inspectors, contractors, and trainers during Lead Safe Certificate Ramp-Up period.

**30. Release an annual report to the community on City of Cleveland lead poisoning prevention related efforts.**

- Include updates, progress, and challenges on all prevention, screening + testing, treatment + intervention, and education + outreach efforts across departments.
- Detail efforts such as: early intervention and other referrals, inspections results, lead hazard control orders, remediation work, number of children who have tested positive for lead, number of rental units that have passed clearance/risk assessment, number of rental units that have failed clearance/risk assessment.
- Coordinate with the Lead Safe Cleveland Coalition to also measure and report community efforts.

**31. Require organizations offering public housing or subsidized housing vouchers in the City of Cleveland to annually report to the City the history and status of inspections and the status of their Lead Safe Certificates.**

- Subsidized housing providers include Cuyahoga Metropolitan Housing Authority (CMHA), EDEN, etc.
- Once fully implemented, advance the reporting system from annually to quarterly.

**32. Require early childhood education providers, Cleveland Metropolitan School District (CMSD), and private and religious school systems operating in the City of Cleveland to provide lead poisoning prevention education to students and families.**

- Lead poisoning prevention education should be streamlined across all projects and programs and reflect consistent, unified messages to be developed in conjunction with the Lead Safe Cleveland Coalition.

**33. Starting when the Phase-In period ends, require landlords to disclose the Lead Safe Certificate status to current tenants and any tenants with a new, renewed, or updated lease agreement; mandate a small statutory damage penalty for non-compliance.**



## SUMMARY OF COMMENTS

Throughout the decision-making and voting processes, the Policy Committee encouraged Committee members to leave comments to inform the final recommendations submitted to City Council. These comments enabled Committee members to explain their rationale regarding their vote in support of or opposition to each recommendation, provide feedback on the concepts or language presented, and offer any other thoughts. In most cases, the comments informed the language, if not substance, of the final recommendations.

The voting results and a summary of comments submitted during voting is included below beneath a summarized version of each respective recommendation. In a few instances voted on recommendations were combined for the sake of clarity and to avoid duplication. While each comment is not listed individually, all sentiments expressed by Committee members are reflected, and Committee members were afforded the opportunity to review and propose edits to this summary document.

## PREVENTION COMMENTS

**1. Mandate a Lead Safe Certificate for all rental units built before 1978. The mandatory, proactive certificate should be established by the completion of third-party inspections.**

**Voting results – 97% approval**

**Voting results – 92% approval - For multi-unit buildings adhere to HUD Sampling Standards. If one of the units in the applicable sample is found to have lead hazards, mandate the inspection of all units**

Multiple comments addressed categories of exemptions, clarifying that rental units constructed before 1978 should not be required to undergo inspection and posing questions for additional clarification surrounding the exemption for properties that have undergone significant renovations and rehab.

Multiple comments questioned how the recommendation that the Lead Safe Certificate system be transferable upon sale relates to other policies. For instance, owner registration with the Rental Registry is not transferable upon sale, in part because the Rental Registry is intended to maintain accurate property owner information. Comments also drew parallels to processes for LEED certification and easement.

One comment posed questions as to the length of time the Lead Safe Certificate would apply, noting that interim controls for lead hazards are not permanently protective.

Multiple comments acknowledged the U.S. Department of Housing and Urban Development (HUD) procedures for multi-unit random sampling.

Some comments offered guidance that is reflected in subsequent policy recommendations:

- Comments stressed that the certification process should inspect units efficiently and should be nimble enough to respond with resources based on the state of each property and need. Comments also noted this responsive process would require systems change.
- Multiple comments suggested that the inspection and certification process be grounded in accountability mechanisms that create a system of checks and balances.
- One comment suggested that no unit should be leased without provision of the Lead Safe Certificate.

**2. Mandate clearance examinations by certified clearance technicians or certified lead risk assessors OR risk assessments by certified lead risk assessors as acceptable inspections to earn a Lead Safe Certificate.**

**Voting results – 93% approval**

Multiple comments suggested that these recommendations be compared and, if necessary, revised to align with state and federal law, as it relates to standards for Risk Assessment and Clearance Examinations or the appropriate type of contractor to conduct lead hazard controls (e.g., RRP contractors or licensed Lead Risk Assessors).

One comment suggested that landlords should not be able to directly employ contractors and suggested that landlords with numerous properties and contracts with one agency be subject to a permissive audit.

Another comment proposed that landlords be able to conduct interim controls themselves.

Some comments advocated for the primary use of Risk Assessment, others thought Clearance Examinations were sufficient, and others supported either test as long as dust wipe samples were included. Comments called for additional clarification and discussion to seek consensus on types of tests required.

**3. Roll out the Lead Safe Certificate in two parts.**

**Voting results – 93% approval**

Multiple comments requested additional clarification on timeline, definitions, and rationale for basing rental inspection areas on those used by the Department of Building and Housing.

Some comments expressed uncertainty with this approach, the ability to ramp-up in one year, and the ability to conduct inspections on a two-year cycle, citing longer inspection cycles in other cities.

Another comment suggested the need for education and outreach to support incentives for early adopters.

**4. The Lead Safe Certificate mandate should target resources, as opposed to targeting enforcement.**

**Voting results – 91% approval - Citywide Lead Safe Certificate requirement with targeted resources, as opposed to targeted enforcement.**

**Voting results – 97% approval - Targeted resources based on: high-risk areas and need of tenants with children under six years old**

Multiple comments requested clarification on this recommendation.

Comments stressed the importance of strong, transparent enforcement, with one noting the value of targeted enforcement, while nonetheless noting the benefit of targeted resources to incentivize compliance in areas of greatest need.

Multiple comments suggested the need for clarification on equity considerations, such as the need to acknowledge structural racism, fair housing and lending, and unintended consequences on housing affordability and targeting of families with young children. One comment suggested that monitoring equity issues could be included in policy impact analysis to ensure there is improved equity across all parts of the system.

Multiple comments posed questions about the definition of high-risk areas, with some suggesting the value of defining risk by geographic area, rather than presence of young children, while others noted high risk across all Cleveland neighborhoods.

Comments requested additional detail on the formula for targeting resources and suggested that the formula incorporate considerations of both owner and tenant needs. Another comment called for tenant-requested inspections with associated tenant protections, as addressed in other recommendations.

Another comment posed the question of how this recommendation relates to existing state secondary prevention laws and the required provision of resources to properties in which lead-poisoned children live.

**5. Incentivize early Lead Safe Certificate adoption by providing inspection vouchers to landlords or property owners registering rental units with the Rental Registry during the Ramp-Up period.**

**Voting results – 95% approval**

Multiple comments asked which entity would train, vet, and employ inspectors and suggested the need for resources to do so. Another comment stressed the need for community education and outreach to increase awareness of the vouchers.

One comment suggested that incentives apply not to early adopters, who may be more likely to be well-resourced property owners, but rather property owners in greatest need. Another discouraged landlords from being able to select inspectors.

**6. To support the ability to implement a high functioning Lead Safe Certificate system, increase the appropriation for the Department of Building and Housing.**

**Voting results – 91% approval**

Multiple comments suggested ways in which the City and partner community organizations might communicate about both registered and unregistered rental units, for instance in linking to the state rental registry and leasing websites. One comment also suggested that inspection entail both risk assessment and clearance tests.

Multiple comments questioned the extent to which legislation could shape appropriations to the Department of Building and Housing.

**7. Lead with civil penalties, rather than criminal penalties, in both the new Lead Safe Certificate system and the existing Rental Registry.**

**Voting results – 100% approval**

This recommendation was updated and voted on again, in part in response to the following comments:

- Comments supported civil penalties for non-compliance and asked for clarification (i.e., types of penalties for rental registries, definitions of civil and criminal penalties), which should be incorporated into education and outreach.
- Multiple comments questioned what would make penalties effective—for instance, examining if current civil penalties compel compliance, making penalties more expensive (e.g., than the cost of interim controls), and considering criminal penalties for repeated violations.
- One comment expressed concern about criminal justice implications for low-income landlords subject to penalties.

Outstanding comments suggested that legislation may not be necessary if the City already has this authority and expressed concern that penalties could contribute to structural racism and harm wealth-building among African-American homeowners.

**8. Require regular monitoring, impact analysis, and public reporting on the Lead Safe Certificate and of the Lead Safe Certificate system.**

**Voting results – 100% approval**

Comments called for specificity of this recommendation. One comment stressed the need to use local, census tract-level data on median household income as the benchmark for evaluation of affordability and the importance of policy impact analysis in shaping legislation. Another called for community input as to the impacts that should be evaluated.

One comment questioned the capacity to conduct ongoing monitoring and evaluation of unintended consequences in a timely manner, regarding the ability for the City to fund such research, and the role CWRU might play in facilitating or overseeing this evaluation.

**9. Create a position of Lead Safe Auditor to provide independent quality control of the Lead Safe Certificate.**

**Voting results – 97% approval**

Comments posed questions as to where this position would be housed in City government. Some comments suggested the need for City Council appointment, clear articulation of the role and the person to whom the Auditor would report, and staff to support the Auditor.

Another comment suggested that state standards already support this type of quality assurance and that legislation may not be necessary.

**10. Create a position of Lead Safe Ombudsperson to serve as a public-facing resource to members of the community who are impacted by the Lead Safe Certificate system.**

**Voting results – 93% approval**

Similarly, comments posed questions as to the role of the Ombudsperson and whether this position would be housed in City government or a third-party organization. Multiple comments suggested a third-party as the appropriate entity, and some stressed the need for this third-party to have City-designated authority (either through legislation or appointment), public funding, and the ability to conduct investigations of City departments.

Another comment noted the importance of residents being able to stay in their homes during lead hazard control work and of efforts to avoid displacement.

**11. Include explicit language that triggers automatic policy reevaluation if certain impacts (see #8) are identified.**

#11, as finalized, wasn't voted on as a standalone recommendation in the first round of voting. Instead, a hybrid of what is now #8 and #11 was voted on. Therefore, please see results and comments for Recommendation #8.

**12. Seed the Lead Safe Home Fund with a City of Cleveland appropriation.**

**Voting results – 91% approval**

Multiple comments suggested that a third-party organization, rather than the City, would be the appropriate entity to manage the Fund.

Multiple comments stressed the need for the Fund to acknowledge affordability. Comments suggested incentives for landlords to keep units affordable by prioritizing fund disbursement and Source of Income protections, for example.

Comments posed questions regarding funding sources. Some comments underscored the importance of public funding in compelling subsequent investments of private sector resources, and others noted the limitation of legislation in driving City appropriations or questioned requirements for City appropriation.

Comments also posed questions regarding eligibility criteria for the Fund (e.g., regarding income thresholds and subsidies for training requirements).

**13. Revise the reestablished Department of Community Development paint program to allow interior painting, in addition to exterior use.**

**Voting results – 86 % approval**

Some comments requested additional clarification. Other comments were concerned that the recommendation could encourage owners to disturb interior paint without RRP training, so education and outreach on the topic would be needed. Some comments stated that this recommendation conflicted with a City pilot program or was not pertinent if the primary issue was exterior paint.

**14. Tenant protections should be increased.**

**Voting results – 82% approval**

Multiple comments supported this recommendation as critical, particularly Right to Counsel, and one suggested language on the need for Source of Income protections and its relation to lead safe housing.

Another comment suggested additional protections, such as relocation assistance for temporary displacement and protections against rent increases and associated displacement.

Other comments suggested that sufficient tenant protections already exist and that this recommendation could be outside the scope of lead poisoning prevention policy.

Another comment cautioned retaliation protections should be done in the terms of new leases. If not clear, retaliation protection language could pose a threat of fraud for landlords.

**15. Require all projects using City of Cleveland funding to be lead safe and/or to employ lead safe work practices, as defined by administrative rule.**

**Voting results – 86% approval**

Comments requested specification on the types of projects required, with some suggesting that requirements for all City projects could be too broad and costly. Other comments suggested that this policy relates to existing administrative rules and federal requirements.

**16. Require proof of the appropriate U.S. EPA-compliant RRP training as a part of applicable contractor registration.**

**Voting results – 90% approval**

One comment supported this recommendation as a way to compel contractors to have ‘skin in the game’, and others requested additional clarification as to the types of contractors to whom this recommendation would apply. Some suggested that it only apply to owners of contracting companies or to contractors conducting rehab, while others clarified that abatement be limited to abatement contractors meeting Ohio Department of Health (ODH) standards.

Some comments encouraged a ramp-up period for requirements. Others suggested use of existing regulations or voluntary submission of proof as less burdensome.

## SCREENING + TESTING COMMENTS

**17. Establish a council for cross-system coordination of screening and testing that shares information and data, coordinates services, and assesses gaps.**

**Voting results - 100% approval**

Multiple comments asked for clarification about the roles and responsibilities of the recommended Council compared to the Healthy Homes Advisory Council. One comment articulated the Council’s responsibility as overseeing the planning, implementation, evaluation, and sustainability of childhood lead poisoning screening and testing efforts.

Multiple comments stressed the importance of focusing on pregnant women and children ages 1-2. Comments also noted that legislation may not be necessary to compel Council creation and that data sharing may be difficult due to ODH management of screening data.

**18. Require projects and programs operated by the City of Cleveland or supported with City of Cleveland funding that primarily serve children ages 0-6 and pregnant women to provide a screening, to offer a referral for testing, and to provide lead poisoning prevention education.**

**Voting results - 88% approval**

Again, a comment stressed the importance of focusing on pregnant women and children ages 1-2. Multiple comments emphasized the need to provide referral to and education about the importance of connecting children with medical homes for lead testing and primary care.

Another comment noted concern with the burden placed on caregivers to complete the questionnaire and children's exclusion from programs if their caregivers do not do so.

Multiple comments felt the recommendation was too broad and requested more specificity about which programs would be included in this recommendation. One comment suggested that, because most City programs for young children already provide information or referrals, legislation might not be necessary.

**19. Instruct the Department of Public Health to re-focus screening and testing efforts to community programs and organizations where children ages 0-6, particularly children aged 12-24 months, are likely to be.**

**Voting results - 95% approval**

Comments again stressed the importance of focusing on pregnant women and children ages 1-2, as well as the need to provide referral to and education about the importance of medical homes for lead testing and primary care. One comment also called for clear and consistent definitions for screening and testing.

Comments suggested specific community programs and organizations, including WIC centers, Starting Point, and community infant mortality initiatives.

As one comment noted the Department of Public Health's existing efforts to providing screening and testing, another suggested a clearer directive for the Department to strategically plan efforts based on data collected by the aforementioned Council. At the same time, one comment noted capacity concerns at the Department and encouraged community-led efforts instead.

**20. Instruct the Department of Public Health to explore a pilot program that would provide on-site and/or mobile screening, testing, and/or testing referrals, and report back to City Council the findings.**

**Voting results - 88% approval**

Comments suggested sites and partners for these pilots, including MetroHealth and Cleveland Clinic mobile units, early childhood care and education settings, and the Department of Public Health's Family Spaces project.

Multiple comments expressed concern that screening and testing without appropriate medical follow-up could be an inefficient use of resources and could cause unintended consequences. These concerns, as well as those with the Department's capacity, contributed to a sentiment expressed in some comments that this recommendation was not a high priority relative to other recommendations.

**21. In partnership with the Lead Safe Cleveland Coalition, urge the State of Ohio to create a more detailed, timely, and enforceable database on testing that includes city, county, and state records.**

**Voting results - 90% approval**

Some comments suggested a need for enhanced data sharing between the Ohio Department of Health and the Ohio Department of Medicaid, with the federal Healthy Homes and Lead Poisoning Surveillance System, and with the local Rental Registry. At the same time, multiple comments noted enhancements to existing databases as a preferred approach.

Multiple comments stressed the need for state buy-in to enhance data sharing, and one comment underscored the value of the Lead Safe Cleveland Coalition in providing technical assistance on the parameters of local and state data sharing.

## TREATMENT + INTERVENTION COMMENTS

### **22. To more quickly process an anticipated increase in lead hazard control order case load, increase appropriation for the Departments of Public Health and Law.**

While some comments stated that City Council had the authority to appropriate funds, others stated that decisions regarding appropriations should be left to the Administration. Some comments expressed concern about the source of funding or the potential tradeoffs with other departments involved in lead poisoning prevention efforts. One comment noted the Public Health and Law appropriations should also be used to assist landlords in complying with lead hazard control orders.

#### **Voting results – 88% approval**

### **23. Instruct the Department of Community Development to prioritize in Community Development Block Grant (CDBG) program funding criteria to those projects that focus on or include lead poisoning prevention.**

#### **Voting results – 85% approval**

Comments requested greater clarity on CDBG criteria and the extent to which the Department of Community Development prioritizes lead-related CDBG projects, with one stating that this prioritization already occurs. Multiple comments suggested that lead-related projects might encompass construction of affordable housing, home repair, or demolition of blighted properties.

### **24. Establish an action team, comprised of representatives from City of Cleveland-funded housing providers, to support families who relocate as a result of lead poisoning or a lead hazard control order.**

#### **Voting results – 97% approval**

Some comments requested greater specificity as to the types of support provided and the situations in which families would need housing. Others cautioned that it could be difficult for housing providers to set aside units without plans for compensation, including by the City. One comment suggested that referral to Early Intervention supports be included in this recommendation.

### **25. Mandate that Certificates of Disclosure include the lead status of property.**

#### **Voting results – 95% approval**

Multiple comments suggested referencing existing administrative code and reviewing existing City initiatives. Other comments requested greater specificity: one called for restricting the mandate to pre-1978 rental units without significant rehab, one asked for clarification on which documents or information provided would describe lead status. That comment suggested that Certificates of Disclosure should include copies of the lead hazard violations, both open and closed. One comment called for a recommendation to not provide Rental Registry certifications when a lead hazard control order exists for that unit.

At the same time, other comments expressed concern that this recommendation could stigmatize the property if records were not accurate or timely.



**26. Mandate landlords to fully disclose to tenants when a rental unit is under a lead hazard control order.**

**Voting results – 95% approval**

Comments suggested additions or revisions to the disclosure recommendation, for instance, that it should come from the Department of Public Health rather than landlords and in the form of a letter rather than copies of orders and inspections. Some comments also suggested that disclosures include relocation resources for families, and one comment referenced the support the Action Team recommended in Recommendation #24 might provide.

Multiple comments stated that a disclosure law already exists. Accordingly, some questioned the value of a recommendation on enforcement of existing law. At the same time, other comments suggested the value of this recommendation as well as a separate recommendation to prohibit re-rental of any property that is under a lead hazard control order.

**27. In conjunction with the Lead Safe Cleveland Coalition, explore rent deposit and escrow tools for future policy recommendations.**

**Voting results – 95% approval**

Multiple comments sought additional specification to enhance tenant protections, including explicit characterization of failure to obtain a Lead Safe Certificate and/or failure to comply with a lead hazard control order as material health and safety violations.

Simultaneously, one comment recommended delineating between situations in which tenants could remain in the unit during lead hazard control work and those in which tenants must be relocated due to non-compliance with a lead hazard control order, so as to not unfairly burden landlords. One comment rearticulated the need to specify restricted applicability to pre-1978 units without significant rehab. One comment stated that legislation was not necessary for implementation.

## **EDUCATION + OUTREACH COMMENTS**

**28. Create a Lead Safe Resource Center, in coordination the Lead Safe Home Fund, to serve as a “one stop shop” for landlord training, vetted workforce directory, equipment rental, lead 101 information, resources, hotline, and process navigation.**

**Voting results – 97% approval**

**Voting results – 95% approval - Fund a community-based workforce development program for inspectors, contractors, and trainers during Lead Safe Certificate Ramp-Up period.**

**Voting results- 97% approval\_- Seed the Lead Safe Resource Center alongside with other public, private, and philanthropic partners**

Multiple comments questioned where the Resource Center would be housed and suggested a third-party, for instance Community Development Corporations or other neighborhood-based organizations that residents can easily access. One comment proposed the Cleveland Department of Public Health or Cuyahoga County Board of Health as the appropriate agency. One comment questioned how to legislate the Resource Center’s operation if it is not City-operated, and another clarified that legislation would not

be required for a Request for Proposals for Resource Center management, but rather for the subsequent contract.

Multiple comments suggested the Resource Center's ability to build capacity among residents and contractors—leveraging existing work of community-based organizations like Environmental Health Watch. One comment stressed the need for a single phone number for contact, and some comments noted the need for monitoring and evaluation, including the extent to which timely responses are provided to residents and the extent to which the needs of low-income landlords and residents are met.

**29. The Lead Safe Resource Center should provide subsidized, two-part training courses during Lead Safe Certificate Ramp-Up and Phase-In periods.**

**Voting results – 100% approval**

Multiple comments agreed with the need for workforce development and noted that this recommendation aligns with other local initiatives. Some comments identified third-party organizations as the appropriate leader of this work and suggested partnerships with CMSD, Tri-C, and other education entities to facilitate workforce development. One comment recommended the Cleveland Department of Public Health or Cuyahoga County Board of Health as appropriate entities to facilitate workforce development. Some comments stressed the need for financial resources to support workforce development efforts and suggested coordination among organizations working in distinct geographic areas.

One comment suggested field training in addition to classroom training so as to facilitate quality assurance. One comment called on the Lead Safe Cleveland Coalition to create and manage a list of vetted inspectors and contractors. Another cautioned that clearance technicians should not be permitted to conduct services beyond those specified by Ohio administrative code and cited Lucas County's experience as a counter-example.

**30. Release an annual report to the community on City of Cleveland lead poisoning prevention related efforts.**

**Voting results – 97% approval**

A comment found the report valuable in calling attention to what is measured, and another suggested this report be a statutory obligation. One comment requested that language be clarified, as discussed in Policy Committee meetings, to describe efforts to prevent or address lead poisoning.

Multiple comments stressed that the report not be a time- or resource-intensive process but instead be a brief report. Some comments questioned which entity would be responsible for producing the report. Some felt the City would not have the capacity to report on all lead poisoning prevention efforts, including those not conducted by government. Others suggested the Coalition could assist in report creation with appropriate data sharing, and if the Coalition undertook this process, comments suggested legislation may not be necessary or that legislation mandate appropriate data sharing with the Coalition.

**31. Require organizations offering public housing or subsidized housing vouchers in the City of Cleveland to annually report to the City the history and status of inspections and the status of their Lead Safe Certificates.**

**Voting results – 97% approval**

Some comments posed questions about eligibility, rearticulating restrictions to pre-1978 units without significant rehab and advocating for reporting on units that are identified with lead hazards. Some comments also called for quarterly, rather than annual, reporting in the future and robust enforcement.

Multiple comments cited the need for buy-in among public housing organizations, which would be facilitated by support and resources for lead safe practices. One comment noted compliance with this reporting would be difficult and wondered if public housing units would be fined for non-compliance. Another comment suggested establishing parameters for data sharing so as to ensure usability.

**32. Require early childhood education providers, Cleveland Metropolitan School District (CMSD), and private and religious school systems operating in the City of Cleveland to provide lead poisoning prevention education to students and families.**

**Voting results – 92% approval**

One comment responded positively to the addition of school systems beyond CMSD, and multiple comments suggested including Starting Point in order to reach early childhood care and education providers. One comment requested that uniform messages be provided to administrators, educators, and students (in age appropriate ways), and one questioned which entity would be responsible for creating uniform messaging.

Multiple comments raised questions about requiring school systems to provide this education: Some felt the City did not have the authority to do so, especially for school systems beyond CMSD, and others suggested recommending education in line with CDC or American Academy of Pediatrics guidelines.

**33. Starting when the Phase-In period ends, require landlords to disclose the Lead Safe Certificate status to current tenants and any tenants with a new, renewed, or updated lease agreement; mandate a small statutory damage penalty for non-compliance.**

**Voting results – 92% approval**

Multiple comments considered what would be the most effective penalty. One identified the current penalty as a first-degree misdemeanor; another proposed a discretionary escalation of penalties for repeated violations; another stated that the most effective penalty would be market forces that drive demand for lead safe properties and acknowledged that the recommended penalties were not sufficient in this regard.

Another comment asked for clarification of how statutory damages would be defined and what entity would enforce them.

# LEAD SAFE CLEVELAND COALITION

## POLICY RECOMMENDATIONS OPT-OUT

Built into the Policy Committee's decision-making process was an option for members to "opt-out" of supporting the majority-supported policy recommendations being submitted to Cleveland City Council. If Committee members chose to "opt out" of supporting the policy recommendations then their alternative recommendations, comments, and reasoning would be provided to Cleveland City Council.

Listed below are the Policy Committee members who have opted out of supporting the majority-supported policy recommendations to Cleveland City Council. The Committee members' comments are fully included below.

- Mike Valerino, Akron Cleveland Association of REALTORS
- Anthony Brancatelli, Cleveland City Council (no comments provided)
- Diana Shulsky, Howard Hanna Real Estate Services
- Rebecca Maurer, Maurer Law LLC

### **Mike Valerino, Akron Cleveland Association of REALTORS**

The Akron Cleveland Association of REALTORS is opting out of the policy recommendations. While we believe in efforts to make Cleveland more lead safe, the following recommendations are too problematic for us to support:

The phase-in for the new recommendations would be about 8000 properties every quarter for 2 years, and the cycle starts over. It also allows for only 1 year for workforce development and resource development. These timeframes are unrealistic and unnecessarily short.

Under tenant protections "Source of Income" would be added as a protected class. ACAR has opposed SOI protections as it mandates a voluntary and federal program that is riddled with problems (Sec. 8/Housing Choice Vouchers). Also, a lead paint policy is not the right mechanism to add a protected class to the anti-discrimination policy.

The recommendation includes that the Lead Safe Auditor be responsible for "as needed, enhancing US EPA and Ohio Revised Code standards for inspections & remediation..." more clarification is needed on what "enhancing" means.

Establishes a council for coordination of screening and testing (point 17). There is no one representing property owners/managers/landlords in the list of suggested 'statutory members' of said screening group.

Pt. 18 calls for Council and the Coalition to urge the State of Ohio to create a more detailed, timely, and enforceable database on testing that includes city, county, and state records.

Requires rental registry to include if there is a lead control order on the property – open and closed matters. This could stigmatize remediated properties.

Landlords must fully disclose to tenants if there is a lead hazard control order... including directly sending tenants copies of the order, inspection reports, extensions, notices, that a property cannot be rented. This is excessive.

Explore a rent deposit and escrow tools – more information needed.

Finally, many of the issues with lead in Cleveland could be resolved if the city were better able to enforce its current code.

### **Diana Shulsky, Howard Hanna Real Estate Services**

The draft is an amazing body of work. I am 98% in favor of all policy recommendations. I am choosing to **opt out** of recommending the overall draft due to wording in section 14, and to a lesser degree section 27. My explanations are provided below.

#### **Section 14**

Section 14 brings up a highly-charged topic in the United States right now which is to make *source of income* a protected class. It is obvious the committee has the best intentions to provide tenants the most ease in relocation if necessary, and feel landlords should be compelled to accept vouchers. I believe this will give landlords an added complexity beyond complying to the lead initiatives that could put them out of business. I would like to express real life possible scenarios that can arise from the addition of this wording, as once it is used in a city ordinance will be defensible for any housing application:

Landlord A screens tenants and has a pool of applicants that pay market rent. An applicant demanding equality in consideration for the vacancy that uses vouchers can sue the landlord based on the outcome of the free market system not working on their behalf. Fines from HUD can be over \$10,000 per instance. The landlord might fear penalties and turn away applicants that can pay market rent and then have to adopt the costs of being part of a system that evaluates the property, institutes that the landlord accept less than market rent for the guarantee of the subsidized payment, and makes it hard to evict tenants that don't follow the lease terms. Only landlords that want to be in the subsidy programs and build their business models around these programs should have to accept housing vouchers.

Landlord B screens tenants and has a pool of applicants that pay market rent. An applicant demanding equality in consideration for the vacancy uses Bitcoin as currency whenever possible and can sue the landlord for not accepting the form of currency. The landlord does not have the trust or means to use this form of currency but will be forced to take on the systems that allow for payment along with all volatility, perceived or real. Only landlords that believe in digitally-regulated financial markets and have included this form of currency in their business model should have to accept payment this way.

Landlord C screens tenants and has a pool of applicants that pay market rent. An applicant demanding equality in consideration for the vacancy wants to pay all rents in cash as they operate a cannabis facility in central Ohio. Cash has to be handled in person and takes more time for the landlord to process. Only landlords that agree to being paid in cash should have to accept payment this way.

#### **Section 27**

I would suggest the city explore advocating which types of remediation can occur while tenants continue to occupy, rather than spend legal resources to advocate to tenants that they can file to deposit rents with housing court to hold the landlord accountable to them for non-compliance with the city. The

policy already has penalties it will impose on landlords for non-compliance. To have a court intervene and direct payments for mitigation with escrowed rent can be lengthy, plus cause reduction in debt service payments, taxes or other normal cash flow operations. The law of physics, that every action has an opposite and equal reaction should be considered. What interferes in the landlord's business and ability to stay solvent while the city institutes this new program could lead to foreclosure and abandoned assets. The negative reactions can lead to more relocation of tenants and further exacerbate the need for lead safe housing from a shrinking pool of available properties.

**My suggestion is strike out highly controversial housing issues not directly related to the lead coalition effort, that could be unduly burdensome for landlords, when the policy that is being suggesting to city council for ordinance is strong on its own.**

**Rebecca Maurer, Maurer Law LLC**

Re: Opt-Out of the Lead Safe Cleveland Policy Subcommittee

To Whom It May Concern:

A lead safe housing mandate is a legislative solution to begin addressing Cleveland's lead poisoning crisis. Under a lead safe housing mandate, key properties will be tested for lead hazards before a child becomes sick, replacing the outdated reactionary testing method under which a property is only tested after a child becomes irreparably poisoned. A mandatory lead safe housing standard is the nationally-recognized approach for decreasing lead poisoning cases.

I have been involved with drafting and researching a lead safe housing mandate since 2017. As an attorney at the Legal Aid Society of Cleveland, I helped draft an initial lead safe housing bill that was proposed in August 2017. As an attorney in private practice, I continued to research and update the legislation on behalf of Cleveland Lead Advocates for Safe Housing (CLASH).

Throughout this time period, Cleveland leadership has declined to publicly support a lead safe housing mandate. However, with the conclusion of the Lead Safe Cleveland Coalition (LSCC) policy recommendation process, I am encouraged that LSCC is poised to endorse a lead safe housing mandate. Moreover, it seems that LSCC is prepared to work together to propose and implement a bill similar to the ones I have helped research and draft.

I applaud LSCC for its progress and adoption of this gold-standard approach to preventing lead poisoning. Nevertheless, at this time, I am unable to endorse the LSCC Policy Recommendations as I do not believe that the recommendations, as written, will adequately protect Cleveland's children from lead poisoning. As a result, I am opting out of supporting the LSCC policy recommendations.

As an attorney I cannot endorse the recommendations without seeing the proposed legislative wording used to implement them. But more importantly, I believe there are key deficiencies in the proposed recommendations as well as recommendations that may be contrary to the interest of building a sustainable, equitable, and effective lead safe housing mandate.

**I. The LSCC recommendations fail to include daycares as properties subject to the lead safe housing mandate.**

Requiring daycares to be lead safe is a critical component of protecting children from lead poisoning in pre-1978 properties. In particular, home day cares are common and widely used within the City of Cleveland, particularly for children aged 0-6, who are at the highest risk of lead poisoning. As provided

for in the CLASH legislation, any registered daycare should have to provide evidence that the property is lead safe.

## **II. The LSCC recommendations do not adequately provide protections to Cleveland tenants.**

As part of the research and drafting process in CLASH's legislation, we identified a number of critical tenant protections and tenant resources that are missing from the LSCC recommendations. I believe such measures are critical to the success of any lead safe housing mandate and are directly tied to increasing the safety and health of Cleveland's children.

First, the LSCC recommendations do not indicate that failure to certify the property as lead safe would be grounds for rent depositing in housing court. Instead Recommendation 27 says that LSCC will continue to "explore" rent depositing as part of "future policy recommendations." This is not sufficient. Rent depositing is one of the most powerful tools we can give to average citizens to help them enforce the lead safe housing law. We already know that enforcing a city-wide lead safe housing mandate will be challenging. We should give legal tools to empower average citizens to hold their landlords accountable to a lead safe standard. The rent-depositing process is a well-established, viable option to allow tenants to self-enforce the lead safe housing mandate.

Second, the LSCC recommendations fail to require disclosures that I believe are critical to increasing citizen awareness of lead poisoning. The CLASH legislation requires that the result of any lead risk assessment or clearance exam be provided to the tenants. The CLASH legislation also requires disclosure of the lead safe status at the point of advertising. Neither of these disclosures are addressed in the LSCC recommendations.

Third, CLASH is encouraged by the inclusion of a statutory damages clause that addresses the failure to provide newly-mandated disclosures at the point of lease. CLASH would also encourage LSCC to add statutory penalties to other provisions, such as the EPA-required disclosure codified at 240.06(b). Statutory penalties will give tools to tenants and the attorneys that represent them, particularly if Council creates and expands a right to counsel program. Without statutory penalties, it is nearly impossible for tenants or attorneys to prove damages and enforce the disclosure requirements.

Fourth, CLASH's legislation would codify protections for tenants at risk of temporary displacement due to lead safe renovations. These renovations, when necessary, typically take 3-5 days. LSCC Recommendation 24 addresses an "action team" to respond to displacement, but this is not a substitute for codified protections that ensure a tenant has options if they are temporarily removed from a home.

Finally, CLASH's legislation also provided a desirable protection for landlords. CLASH provided a safe harbor for landlords who do the right thing: proof of lead safety entitles the owner to a rebuttable presumption that a child poisoned while in contact on the property was not poisoned by the lead safe property. I believe this will be an effective carrot to encourage landlord participation in the lead safe program.

## **III. The LSCC recommendations do not provide adequate transparency and accountability mechanisms. Oversight should include quarterly, not annual, public reports.**

In Recommendation 8, LSCC indicates interest in annual monitoring and public reporting. While I certainly wants "regular monitoring" and "public reporting," I am not satisfied with this recommendation as written. Annual reporting is not adequate, particularly given the rapid work that will need to be conducted while transitioning from a voluntary to a mandatory lead-safe system. Moreover, given city-wide interest in increased accountability and transparency when it comes to lead poisoning, I believe a public board is an

important part of the oversight structure. Because of these concerns, the CLASH proposal outlined a public Lead Advisory Board with required quarterly public reporting from key City departments and quarterly public meetings. Private oversight and annual report-outs are not sufficient.

#### **IV. The LSCC recommendations decrease public control over critical spending, by recommending that the “Lead Safe Home Fund” be operated by a third party.**

In the legislation that I helped to draft, CLASH identified the need for a publicly run Lead Assessment and Remediation Fund which would administer funds to support landlords in testing and remediating their properties. The LSCC recommendations envision a “Lead Safe Home Fund” with similar goals. However, the LSCC recommendations state that this fund should be “operated by an independent third party.” Given that millions of dollars in public money, as well as significant private contributions may flow through this fund, I am concerned that moving it to private model will remove badly needed transparency and public oversight from the fund.<sup>1</sup>

<sup>1</sup> Moreover, according to my records, the phrase “independent third party” was not included in the recommendations when the LSCC policy committee members voted to approve the provision. The recommendation that was voted upon was worded as follows: “Seed a Lead Safe Home Fund, prioritized by need but still widely accessible, with a non-federal city appropriation. Fund to support: remediation subsidies (from interim controls to full abatement), inspection subsidies, transitional housing support, training support for inspectors and contractors.” The phrase “independent third party” seems to have been added later.

#### **V. Relying exclusively on clearance exams rather than full lead risk assessments removes the opportunity for landlords and tenants to learn where lead hazards are on their property**

The CLASH recommendation requires that at least one lead risk assessment take place on the property. By comparison, LSCC’s recommendations imply that a clearance examination would always be sufficient to prove lead safety, even if there is no lead risk assessment to clear. A clearance examination is less comprehensive test which provides limited specific information to landlords or tenants about where, exactly, lead-based paint hazards are on the property. CLASH supports requiring at least an initial lead risk assessment so that owners and tenants alike are informed about the surfaces that currently pose lead hazards or may pose lead hazards in the future.

#### **VI. The LSCC recommendations fail to consider important provisions that could improve the efficacy of the legislation.**

As part of drafting the Legal Aid and CLASH versions of a lead safe housing mandate, I identified some small provisions that could make the bill more effective.

For instance, LSCC has not considered a conflict of interest policy between privately hired lead risk assessors and/or clearance technicians and the property owner. I believe a conflict of interest policy will be an important part of moving from a public lead program administrated by Building and Housing to a private lead risk assessment or clearance exam model.

Additionally, I am not aware of LSCC considering a possible exemption for rentals between family members. In our research, we determined that focusing limited initial resources on arms-length rentals would be the most effective way to protect children from lead poisoning as family ties were more likely to ensure the properties were already maintained in better condition. This discussion could be aided by the research conducted by CWRU as we learn more about the type of mom-and pop landlords in Cleveland.

#### **VII. Ambiguities in the proposed LSCC recommendations raise concern about the specific implementation process.**



Recommendations are not the same as drafted legislation. Recommendations can raise ambiguities because they are not as specific as drafted legislation would be. A number of such ambiguous statements appear in the recommendations.

For instance, Recommendation 1 states that an exemption may be allowed for “rental units that are already required to be lead safe under federal law.” I am concerned that this recommendation may allow for Housing Choice Voucher Program units to be exempted from the City’s lead safe standard. Although the HCVP program has its own standards for lead safety, I have seen instances in which the HCVP testing process was inadequate and an HCVP unit poisoned a child.

Recommendation 1 also states that “fully renovated and/or majorly rehabbed rental units that have passed an initial clearance examination” could be fully exempted from the lead safe standard. It is unclear if this refers to a lead free standard or, if not, what the standard “fully renovated and/or majorly rehabbed” refers to. Moreover, it’s not clear why these properties should be fully exempted from the program overall rather than during the initial two-year cycle.

Similar to the legislation I helped to draft, Recommendation 3 lays out a “ramp-up” period before any homes are subject to an enforceable mandate. Under the CLASH legislation the transition to an enforcement period takes place on March 1, 2021 to coincide with the annual renewal of the rental registry. However, the proposed LSCC recommendations use a quarterly implementation cycle with new homes being required to be lead safe every quarter for a two-year “phase in” period. At this time, I need more information to evaluate this proposal. The rental registry renews on a March 1 to March 1 basis and I want to make sure that any quarterly implementation process is effective and equitable to Cleveland landlords.

## **VIII. Conclusion**

Overall, I am encouraged by the progress made by the Lead Safe Cleveland Coalition. I believe the issues I’ve outlined here are important and will improve the bill overall. We all want to see Cleveland succeed at tackling lead poisoning. We all want to see Cleveland’s children succeed.

Thank you for your time and consideration of this feedback.

# LEAD SAFE CLEVELAND COALITION

## REFERENCE LIST

Included in this document are some of the resource materials used to develop the policy recommendations. The resource materials include peer city reviews, lead prevention best practices, and local, state, and federal sources. This document also includes the materials presented at the Policy Committee meetings. The reference list, while broad, is not exhaustive.

### **Policy Committee Meeting Materials**

- Meeting slide decks
- Timeline document
- Presentations
- Case Western Reserve University Research

### **Resource Materials**

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# **LEAD SAFE CLEVELAND**

Policy Committee Meeting, March 1, 2019

# Today's Agenda

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- Welcome and Introductions
- Goal, Process, and Expectations – Mark McDermott
  - Q&A
- Presentations
  - Rental Registry and Inspections – Director Ayonna Blue Donald
    - Q&A
  - CLASH proposal – Rebecca Maurer
    - Q&A
  - Lessons Learned from Lead Laws and Practices – Dan Cohn
    - Q&A
- Facilitated Discussion
- Moving Forward

# *Lead Safe Cleveland*

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- *Lead Safe Cleveland* is committed to addressing lead poisoning with a **comprehensive, sustainable, and preventive** approach.
- Lead poisoning affects all of us, and together we all can take responsibility for addressing it. This **must** be done. This **can** be done.
- Reminder of our Draft Guiding Principles

# Today's Objectives

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- Create a common baseline of
  - Purpose
  - Understanding
- Clarity on short-term and long-term purpose and goals
- Chart an aggressive plan forward



# Scope

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- **Long-Term Goal:** Comprehensive and sustainable local, *state, and federal* policies to address:
  - Prevention
  - Screening
  - Treatment and Interventions
  - Education and Outreach
- Administrative policies and community programs
- Implementation, delivery infrastructure, and resources
- Informed by research, data, and evaluation
- PARKING LOTS

# Scope

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## **First-phase, Short-Term Goal:**

Initial local legislative recommendations to City Council  
by May 1, 2019

- We are working off multiple ideas and proposals.
- What could a recommendation look like?

# Presentations

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- Rental Registry & Inspections – Director Ayonna Blue Donald
  - Q&A
- CLASH proposal – Rebecca Maurer
  - Q&A
- Lessons Learned from Lead Laws and Practices – Dan Cohn
  - Q&A

# Process

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- **The Policy Committee is a long-term commitment with an urgent timeline**
  - Build on existing work, expertise, and lessons
  - Commit to evolve as *Lead Safe Cleveland* evolves
- **Proposed Spring meeting schedule: Tuesday mornings**
  - March 12, 10:00am
  - March 26, 10:00am
  - April 9, 10:00am
  - April 23, 10:00am
  - IF NEEDED, April 30, 10:00am
  - Then proceed monthly

# Preliminary Next Steps

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- Confirm meeting schedule
- Continue to build our common understanding
  - Definitions; State & Federal Standards
  - Landscape Analysis
  - Racial Equity Lens
  - Policy Committee and Coalition Parking Lots
- What else?

# **LEAD SAFE CLEVELAND**

Policy Committee, Meeting #2, March 12, 2019

# Today's Agenda



- Welcome and Introductions
- Recap and Process – Mark McDermott
  - Q&A
- Breakout Groups on Prevention – All
- Report Out and Discussion on Prevention – All
  - Q&A
- Next Steps

# Recap

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- Draft Guiding Principles
- The Policy Committee is a long-term commitment with an urgent timeline
  - Short-Term Goal: Initial local legislative recommendations to City Council by May 1, 2019
  - Long-Term Goal: Comprehensive and sustainable local, state, and federal policies to address:
    - Prevention
    - Screening
    - Treatment and Interventions
    - Education and Outreach
- Parking Lot:
  - Administrative policies and community programs
  - Implementation, delivery infrastructure, and resources
  - Next coalition meeting – April 12<sup>th</sup>



# Today's Objectives

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- Understanding of our process
- Establish subcommittees
- Begin to identify our 'Must Haves' under Prevention

# Co-Creating our Policy Recommendations

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- We are creating *initial* recommendations
- We don't have to have all the answers
- There are experts in this room
- Topics will overlap – don't forget the parking lot
- Policymaking is difficult, we won't agree on everything
- *Everything* will be noted
- We are building on what we already know
- Consensus is our goal, but if not consensus then majority vote with full dissenting representation
- Protected, fair votes

# Process to May 1, 2019



- See handout

# Process after May 1, 2019

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- Feedback continues
  - Summit
  - Community meetings
- Future recommendations

# Developing Initial Recommendations

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- Key Questions
- Breakout Groups
  - “Must Haves”
  - Major Disagreement
    - In which case, there will be options
  - Other Considerations:
    - Innovations
    - Essential Research + Best Practices
    - Racial Equity Lens
    - Resources Needed
    - Metrics + Measuring Success

# Finalizing Initial Recommendations

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- Iterative process with incremental voting
- Consensus recommendations
  - If not consensus, then voted majority recommendations with all dissenting opinions reflected
    - Finally, an “opt out” option

# Assumptions for Prevention

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- Proactive rental inspection for lead safe certificates
- There will be a Lead Safe Home Fund and/or resources
- There will need to be systems change and capacity building to improve implementation

# Key Questions on Prevention

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- How should Lead Safe Certifications be done in Cleveland?
- How can Lead Safe Certifications be phased-in in an equitable and feasible way?
- How should Lead Safe Certifications be overseen, enforced, and reported on?



# Next Steps

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- Set subcommittee schedules
- Next Meeting:
  - Produce draft recommendations on Prevention

# **LEAD SAFE CLEVELAND**

Policy Committee, Meeting #3, March 26, 2019

# Today's Agenda

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- Welcome + Housekeeping
- State budget – Gabriella Celeste
- Preliminary research – Francisca Richter
- Recap + Today's Objectives – Mark McDermott
- Review of Recommendations To Date – Mark McDermott
- Breakout Groups on Outstanding Prevention Questions
  - Final Discussion on Prevention
- Next Steps

# Recap: Our Goals

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- Long-term commitment with an urgent timeline
  - Short-Term Goal: Initial local legislative recommendations to City Council by May 1, 2019
  - Long-Term Goal: Comprehensive and sustainable local, state, and federal policies to address:
    - Prevention
    - Screening
    - Treatment and Interventions
    - Education and Outreach
- Parking Lot:
  - Administrative policies and community programs
  - Implementation, delivery infrastructure, and resources
  - Next coalition meeting – April 12<sup>th</sup>

# Recap: Co-Creating our Recommendations

---

- We are creating *initial* recommendations
- We don't have to have all the answers
- There are experts in this room
- Topics will overlap – don't forget the parking lot
- *Everything* will be noted
- Consensus is our goal, but if not consensus then majority vote with full dissenting representation
- Protected, fair votes

# Recap: Timeline and Subcommittees

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- Timeline (See Updated Handout)
- Subcommittees
  - **Prevention:** March 22, 2019
  - **Screening:** April 1, 2019, 8:00AM-9:30AM, Invest in Children
  - **Education and Outreach:** April 15, 2019, 9:00am-10:30am, Enterprise Community Partners
  - **Treatment and Interventions:** April 16, 2019, 2:30pm-4:00pm, Enterprise Community Partners

# Recap: Finalizing Recommendations

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- Consensus recommendations
  - If not consensus, then voted majority recommendations with all dissenting opinions reflected
    - Finally, an “opt out” option

# Today's Objectives

---

- Recap our goals, process, timeline, and progress to date
- Final discussion on Prevention
- Prepare for voting



# Prevention Recommendations To Date

---

- **See handout**
- Mandatory, proactive, third party inspection for all rental units
- Clearance Test OR Risk Assessment
- Lead Safe Resource Center
- Lead Safe Home Fund
- Lead Safe Auditor/Ombudsman
- Community-Based Workforce Development Program
- Evaluation mechanisms
- Targeting coupled with resources
- Increased appropriation for Building and Housing staff and software

# Remaining Key Questions on Prevention

- How should lead safe certification requirement be phased-in across the city in an equitable, feasible, urgent way?
  - What would be an undesirable phase-in period or phase-in approach?
- Do you agree?: The lead safe certification will (eventually) be required for all rental units but resources to assist compliance will be provided in a targeted way.
- How often should a lead safe certificate be renewed? How, if at all, should it coincide with the rental registry?
- Are there policies that could enhance the compliance with the existing rental registry?
- What, if any, incentives should be offered to property owners/homeowners/landlords to comply with lead safe certification requirement?

# Next Steps

---

- Voting Process
- Finalize Prevention recommendations
- Upcoming meetings
  - **Screening Subcommittee:** April 1, 2019, 8:00-9:30am, Invest in Children
  - **UPDATED Policy Committee:** April 11, 2019 8:00am-10:am, LMM
  - **Coalition Convening:** April 12, 2019, 1:30pm-3:30pm, Church in the Circle, University Circle United Methodist Church

# **LEAD SAFE CLEVELAND**

Policy Committee, Meeting #4, April 11, 2019

# Today's Agenda

---

- Welcome + Housekeeping
- Recap + Today's Objectives
- Voting Update - Prevention Recommendations
- Screening Education + Level Setting
- Brainstorm on Screening Recommendations
- Next Steps

# Recap: Our Goals

---

- Long-term commitment with an urgent timeline
  - Short-Term Goal: Initial local legislative recommendations to City Council by May 1, 2019
  - Long-Term Goal: Comprehensive and sustainable local, state, and federal policies to address:
    - Prevention
    - Screening
    - Treatment and Interventions
    - Education and Outreach
- Parking Lot:
  - Administrative policies and community programs
  - Implementation, delivery infrastructure, and resources
  - Next coalition meeting – April 12<sup>th</sup>

# Recap: Co-Creating our Recommendations

---

- We are creating *initial* recommendations
- We don't have to have all the answers
- There are experts in this room
- Topics will overlap – don't forget the parking lot
- *Everything* will be noted
- Consensus is our goal, but if not consensus then majority vote with full dissenting representation
- Protected, fair votes

# Recap: Timeline and Subcommittees

---

- Timeline (See Handout)
- Subcommittees
  - **Education and Outreach:** April 15, 2019, 9:00am-10:30am, Enterprise Community Partners
  - **Treatment and Interventions:** April 16, 2019, 2:30pm-4:00pm, Enterprise Community Partners



# Recap: Finalizing Recommendations

---

- Consensus recommendations
  - If not consensus, then voted majority recommendations with all dissenting opinions reflected
    - Finally, an “opt out” option

# Today's Objectives

---

- Update on Prevention Recommendations + Voting
- Screening education and level setting
- Screening Subcommittee Report
- Develop Screening Recommendations

# Prevention Recommendations + Voting Update

- Major Milestone – we reached our first vote!
- Number of respondents to date: 25
  - Every vote is recorded
  - Only policy committee members are voting
  - Report results once compiled
- Survey Monkey technical issues
  - Yes/ No comment character limits
    - Invalid answer error message
  - Browser timeouts, resulted in unsaved / incomplete responses
  - Blocked by email servers
- Recommendation feedback

# Prevention Recommendations & Voting Update

---

- Next steps
  - Extended voting
  - Send confirmation email upon receipt of survey responses
  - Revote Question 14

# Screening Landscape

---

- Expert Perspectives
  - Brian Kimball, Cleveland Department of Public Health
  - Kathy Schoch, Cuyahoga County Board of Health
- Screening Landscape Analysis
  - Partners in Health Pilot Program
  - Cleveland Department of Public Health screenings
  - County Board of Health screening
  - Ohio Department of Health Lead Poisoning Prevention Program
  - Private healthcare providers screening

# Screening Subcommittee Report

---

- Subcommittee Discussion
  - Screening + testing - What are the differences?
  - Capillary + venipuncture
- Parking Lot
  - From a screening perspective, addressing lead in soil & water
  - Leverage CWRU School of Nursing screening personnel
  - Leverage existing community health centers (5), Med Works clinics & early childhood education centers/daycare screening
  - MCO screening; recompetete MCO contracts to incentivize, require more screening & to add more accountability – What could a deeper relationship look like?
  - Reestablish access to Medicaid data

# Key Questions on Screening

---

- What is the coalition's perspective on how to reach confirmatory lead results?
  - Discussion on screening and testing
- Should universal screening be mandated in Cleveland?
- If the goal is more screening at ages 1 & 2, how could the city legislatively achieve that goal?
- Are there effective policies or incentives to facilitate more data sharing?

# Next Steps

---

- Develop Screening Recommendations
- Upcoming meetings
  - **Coalition Convening:** April 12, 2019, 1:30pm-3:30pm, Church in the Circle, University Circle United Methodist Church
  - **Summit Planning Committee Meeting:** April 22, 2019, 10:00am- 11:30am, New Bridge Cleveland
  - **Community Engagement Committee:** April 25, 2019, 6:00pm-8:00pm, Church in the Circle, University Circle United Methodist Church



# **LEAD SAFE CLEVELAND**

Policy Committee, Meeting #5, April 23, 2019

# Today's Agenda

---

- Welcome + Housekeeping
- Recap + Today's Objectives
- Prevention Report Out
- Screening, Education + Outreach, Treatment + Interventions Discussion and Recommendations
- Policy Committee Next Steps

# Recap: Our Goals

---

- Long-term commitment with an urgent timeline
  - Short-Term Goal: Initial local legislative recommendations to City Council by May 1, 2019
  - Long-Term Goal: Comprehensive and sustainable local, state, and federal policies to address:
    - Prevention
    - Screening
    - Treatment and Interventions
    - Education and Outreach
- Parking Lot:
  - Administrative policies and community programs
  - Implementation, delivery infrastructure, and resources
  - Next coalition meeting – June 14<sup>th</sup>

# Today's Objectives

---

- Recap our process
- Voting Report Out
- Review recommendations and submission
- Get clear on our next steps

# Voting Report Out

---

- Another major Milestone – completed our second vote!
- Number of respondents: 42
  - All recommendations were supported by the majority
  - Voting average - 94% approval

# Policy Recommendation Submission

---

- Cover letter from Interim Steering Committee
- Introduction
- Recommendations
- Summary of Comments
- Opt Out
- Reference List

# Next Steps

---

- Upcoming meetings
  - Community Engagement Committee: April 25, 2019, 6:00pm-8:00pm, Church in the Circle, University Circle United Methodist Church
  - Policy Committee: April 30, 2019, 8:00 - 10:00am, LMM
- Cleveland City Council presentation of policy recommendations

# **LEAD SAFE CLEVELAND**

Policy Committee, Meeting #6, April 30, 2019



# Today's Agenda

---

- Welcome + Recap + Today's Objectives
- Voting Report Out
  - Additional Follow Up on Screening + Testing
- Review of Final Recommendations and Submission
- Policy Committee Next Steps

# Recap: Our Goals

---

- Long-term commitment with an urgent timeline
  - Short-Term Goal: Initial local legislative recommendations to City Council by May 1, 2019
  - Long-Term Goal: Comprehensive and sustainable local, state, and federal policies to address:
    - Prevention
    - Screening
    - Treatment and Interventions
    - Education and Outreach
- Parking Lot:
  - Administrative policies and community programs
  - Implementation, delivery infrastructure, and resources

# Voting Report Out

---

- Another major Milestone – completed our second vote!
- Number of respondents: 42
  - All recommendations were supported by the majority
  - Voting average - 94% approval
- Screening + Testing Follow-Up Discussions

# Policy Recommendations Submission

---

- Cover letter from Interim Steering Committee
- **Introduction**
- **Policy Recommendations**
- **Summary of Comments**
- **Opt Out**
- Reference List

# Policy Committee – What's Next?

---

- Implementation + Delivery infrastructure
- Administrative policies
- Community programs
- Resources
- Policies that require more research (e.g. Universal Screening/Testing)

# Next Steps

---

- Upcoming meetings
  - New Policy Committee meeting schedule, location
  - Governance Committee Meeting
    - May 3, 2019 1:30pm - 2:30pm
    - St. Luke's Foundation, 2721 Martin Luther King Jr. Drive, Cleveland OH 44104
  - Resource Development Committee Meeting
    - May 7, 2019 8:30am - 10:30 am
    - May Dugan Center, Room 212, 4115 Bridge Ave Cleveland, OH 44113
- May 6: Cleveland City Council presentation of policy recommendations

# **LOCAL LEAD POISONING PREVENTION POLICIES**

Lessons Learned



Setting the Stage



# Remind me again...

- *Lead Safe Cleveland*: **comprehensive, sustainable, and preventive**
- Action Plan includes legislative action
  - Implementation and enforcement
  - Systems support and keep up
  - State and federal policies



# DRAFT Guiding Principles

---

- Systems Change
- Cleveland Approach\*
- Primary Prevention
- Safe, Affordable Housing
- Accountability
- Outcome Oriented
- Public-Private Partnership
- Genuinely Community Led
- Solidarity and Collaboration
- Integrity



# ...and again

- *Lead Safe Cleveland: **comprehensive, sustainable, and preventive***
  - Action Plan includes local legislative change
    - Implementation
    - Systems support and keep up
    - State and federal policies
- \*Without re-inventing the wheel



# So many wheels!

---

- Models
  - Washington, D.C.
  - Maryland
  - Massachusetts
  - New York City, NY
  - Omaha, NE
  - Rochester, NY



# “Going to school”

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- Listening tour
- National Funders Action Network
- NEHA/HUD Healthy Housing Conference
- Rochester Learning Exchange



# Systems change. Huh?

---

- Constellation
  - Structures
  - Flows
  - Rules
  - Power and agency
  - Goals
  - Paradigms
- Negotiating aspirational and pragmatic



# One last thing! Primary prevention

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- Primary prevention
  - Pre-1978 housing presumption
  - Interior + immediate exterior
- Ohio's legislative landscape





Lessons Learned



# Lead safe certification

---

- Proactive rental inspection + certification
- Landlord compliance with lead safe standard as a condition of occupancy

**If property, then lead safe certificate → OK to rent**

- Renewable certificate of occupancy
- Rental registry



# Compliance: “carrots and sticks”

---

- **Clear and reasonable** expectations
- Creating pathways for compliance



# Inspection sectors

- Public
  - May req. significant infrastructure shifts
  - Staffing challenges
- Private
  - May req. public accountability, “ombudsman”
  - Implies private sector jobs filled
- Public/private
  - May req. dual administrative systems
  - May req. users (i.e., landlords) to navigate more than one mechanism for compliance



# Relationship-building

---

- Dependent upon inspection model
  - Public v. private
  - Culture to support compliance (among inspectors)
    - Facilitative, rather than punitive
    - “Customer service orientation”



# Carrots

- Context: low market value
- Outreach and education
- **Privately-administered** financial mechanisms
  - *Flexible* funds
    - Small matching grants
    - More expensive
    - Parameters and limitations (with Res. Dev. Cmte)



# Sticks

---

- Penalties
  - Civil
  - Criminal



# Equity considerations

---

- Tenants rights and well-being
- Abandonment
- Displacement
- Targeting, phasing-in



# Tenant protections

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- Eviction prevention
  - Right to counsel
  - Increased rent
- Temporary relocation
  - Onus on landlord vs. rapid re-housing
  - Housing accessibility and source of income protections





# “Korfmacher Compromise”

- Regular evaluation
  - Systems-level: departments, inspection rates, processes
  - Individual-level: compliance rates, unit safety, children\*
- Monitoring unintended consequences
  - Eviction
  - Abandonment
  - Housing instability
  - Displacement and gentrification





Other Policy Considerations

# \*Screening

---

- Cleveland's low rates of appropriate blood lead testing
- Assessing policy levers
  - Ohio Medicaid and MCOs
  - Hospitals and medical directors



# Treatment, services, and interventions

---

- “Lost generation”
- Will not eliminate lead poisoning immediately
- Services to improve outcomes
  - Home visiting
  - High-quality pre-K
  - Early Intervention Program
- Partnerships



# Other environments

---

- Schools
- Early child care and education settings
  - SUTQ ratings (state policy)
  - Ohio Healthy Program (local coalitions)
  - Universal Pre-K and other vouchers (state and local)



THANK YOU

**Daniel Cohn**

Vice President

Mt. Sinai Foundation

[daniel.cohn@case.edu](mailto:daniel.cohn@case.edu)



MT. SINAI  
HEALTH CARE FOUNDATION

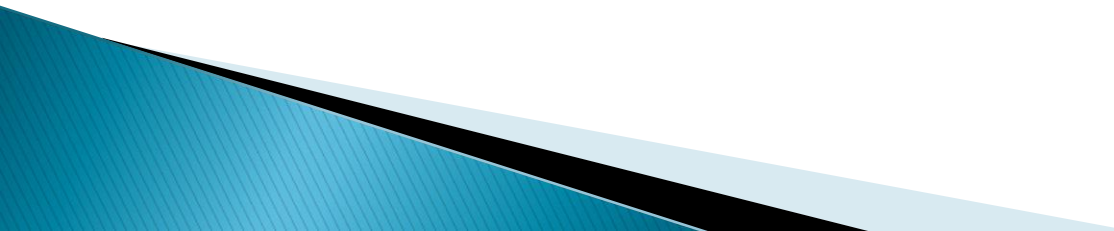
# Rental Inspection Unit

March 1, 2019

Ayonna Blue Donald, Director  
Department of Building and Housing



# Overview

- ▶ The City of Cleveland is committed to improving the housing stock
    - Addressing vacant, abandoned, and nuisance properties through violations, prosecutions, code compliance, and demolition
    - Preventing further deterioration of structures by boarding openings
    - Rental Inspection Unit registering and inspecting rental units
    - Neighborhood Transformation Initiative
- 



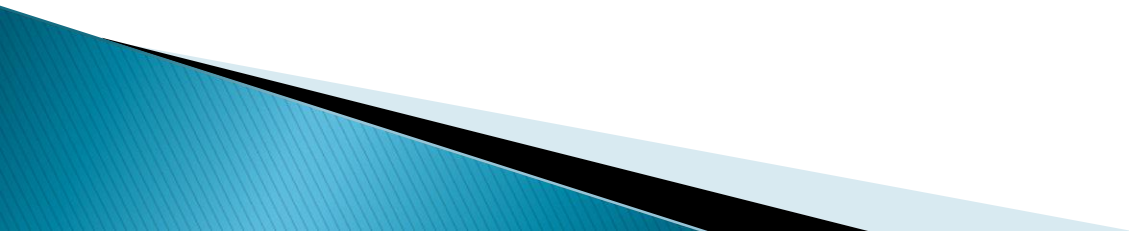
# BEST PRACTICES

## Traits of Successful Programs



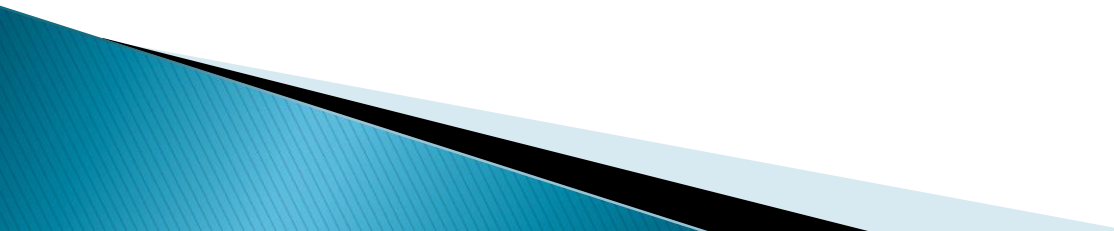
Practice	Rochester	Toledo	Detroit	Minneapolis	Los Angeles	Philadelphia
Proactive identification of lead hazards	Green	Green	Green	Green	Green	Green
Efficient city resource usage to maximize efficacy	Yellow	Green	Yellow	Green	Green	Yellow
Realistic operational model and ability to scale	Green	Yellow	Red	Yellow	Green	Yellow
Clear guidelines for department responsibilities	Green	Green	Green	Green	Green	Yellow
Incentives in place for landlords to proactively comply	Green	Green	Green	Green	Yellow	Yellow
Minimal burden for compliant landlords	Green	Yellow	Red	Green	Green	Red
Collaboration and funds from community advocates	Green	Yellow	Red	Green	Green	Yellow
Built on rental registration or inspection program	Green	Yellow	Green	Green	Green	Green
Authority to enter structures and inspect for lead	Green	Yellow	Green	Yellow	Green	Yellow
Internal or accessible training, certification resources	Green	Green	Green	Red	Yellow	Yellow
Auditing to ensure quality control	Green	Green	Yellow	Green	Yellow	Red
Balanced use of third party resources	Green	Yellow	Yellow	Red	Yellow	Green

# Rental Inspection Unit



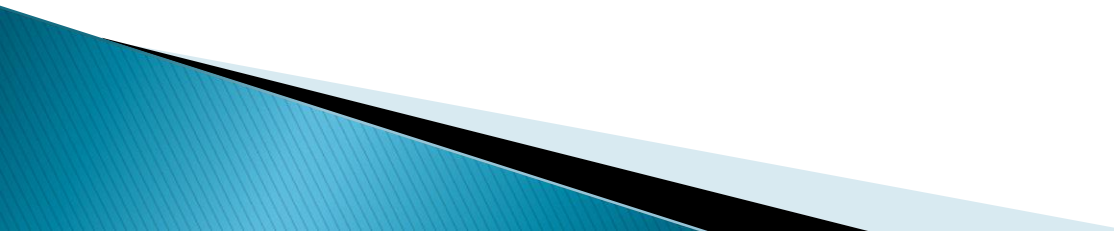
# Rental Inspection: Purpose

The Rental Registration Program's purpose is to ensure that rental housing units are safe and healthy for all residents—particularly children—through a proactive inspection program and interdepartmental cooperation.



# Rental Registration: Purpose

The Rental Inspection Program's registration purpose is to obtain the property owner's name and contact information for all residential rental units in Cleveland. Building & Housing will use this information to contact the owner during an emergency or to schedule a periodic rental inspection.



# REGISTRATION



	Registered Units (Paid)	Total Documented Units
2016	42,309	67,825
2017	52,958	84,721
2018	59,124	82,040

Goal for 2019: 61,000 Total Active Registrations

## Strategy to grow the registry

- Leverage additional data sources to identify unregistered units
- Increase enforcement on expired and identified units for failure to register
- Educate landlords, tenants, and community partners to encourage proactive registration

Active Units	Expired Units
Utility Bill Data	B&H Interior Complaints
CMHA List	Craigslist Rental Scraper
Eviction Docket List	CDC Partner Data

# 2018 Rental Registrations by Ward

Ward	Registrations	Registered Units
0	322	1,454
1	1,098	1,704
2	1,100	1,620
3	921	6,712
4	926	3,337
5	338	3,946
6	823	4,040
7	635	4,831
8	1,061	3,766
9	767	2,822
10	1,101	3,084
11	1,554	3,414
12	1,166	2,899
13	1,158	2,726
14	1,371	2,682
15	1,305	5,668
16	1,351	2,495
17	473	1,924
Grand Total	17,470	59,124

# Rental Inspections



	Rental Inspections	Lead Dust Inspections
2017	2,947	100
2018	6,942	985

**Goals for 2019:**    7,500 Rental Inspections  
                             1,875 Lead Dust Inspections

- RIU is fully staffed
- Five year inspection cycle to inspect properties that are giving consent to enter
- Have all inspectors certified as Lead Risk Assessors
- Participate in more community based forums to educate community on importance of inspections

# Rental Inspection Areas

## RIU Inspection Areas

### Legend

#### RIU Geographies

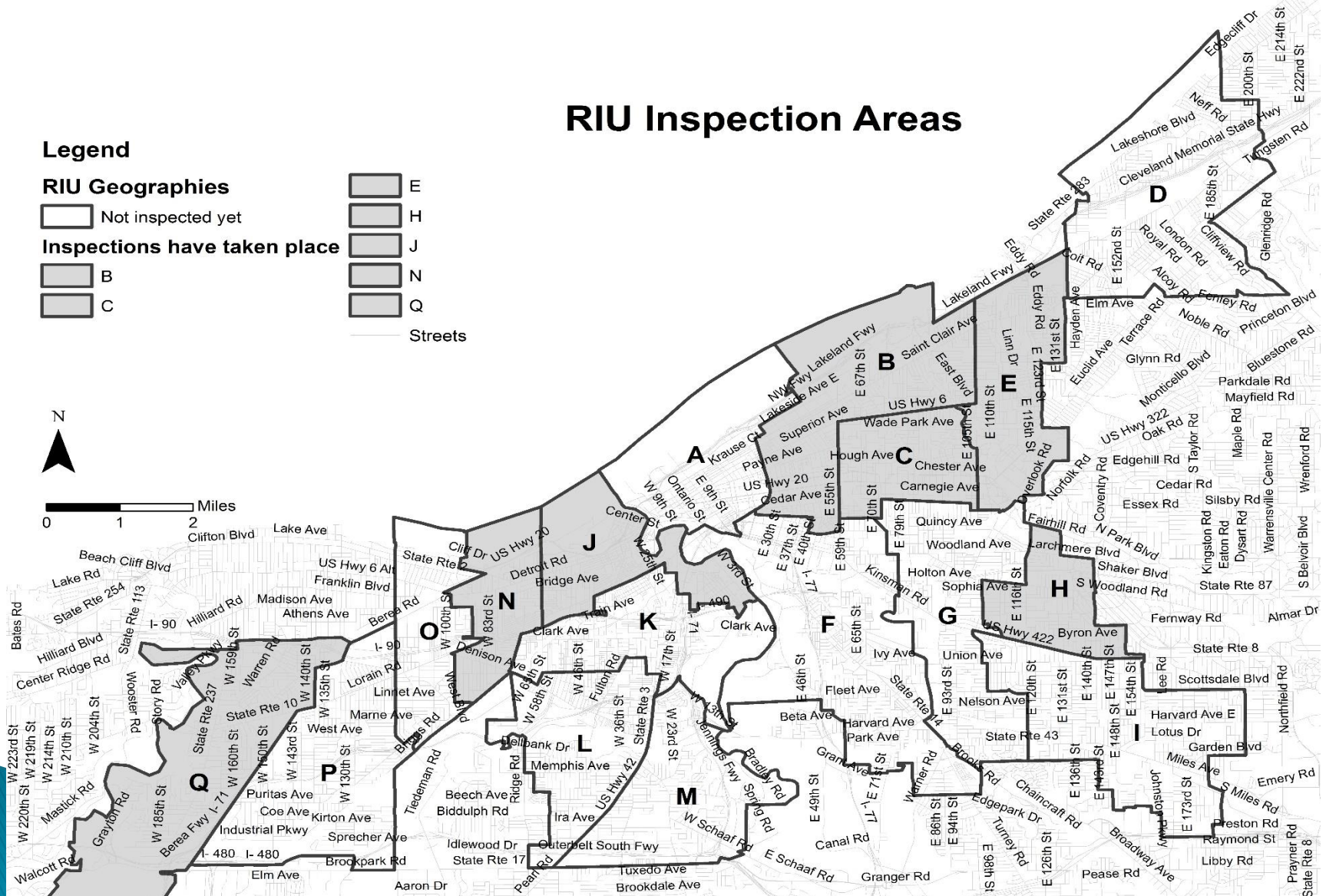
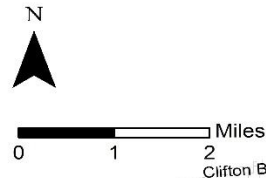
Not inspected yet

#### Inspections have taken place

B  
C

E  
H  
J  
N  
Q

Streets





# 2018 Rental Inspections by Ward

WARD	Rental Inspections
1	135
2	88
3	482
4	1,176
5	30
6	617
7	896
8	69
9	276
10	394
11	420
12	72
13	66
14	93
15	406
16	491
17	1,231
TOTAL	6,942

# Lead Dust Wipe Positive Heat Map

## Rental Inspection Unit

### Rental Units with Positive Lead Result 2018

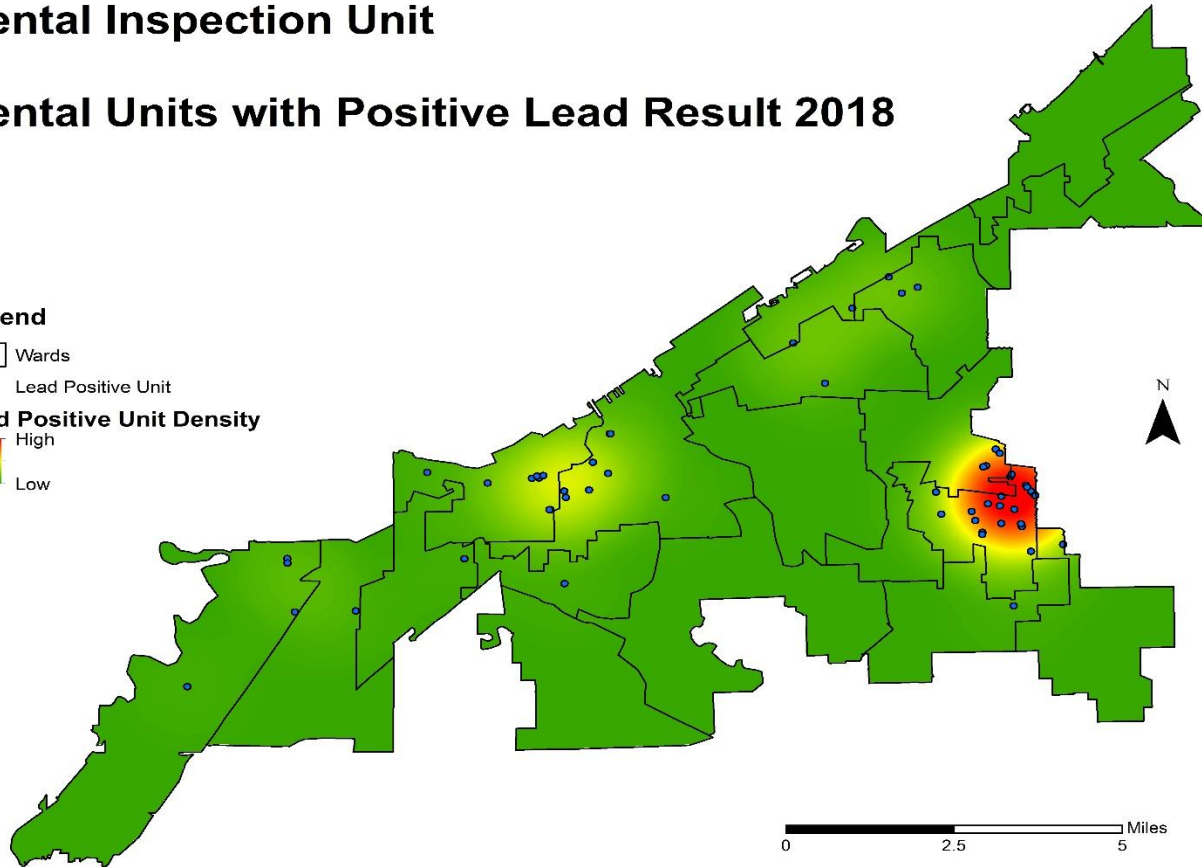
#### Legend

Wards

Lead Positive Unit

#### Lead Positive Unit Density

High  
Low



## 2018 Statistics

- 985 lead dust wipe inspections
- 64 lead violations issued
- 33 lead hazards resolved

# ACCELA CITIZEN ACCESS PORTAL



Rental Registration Status

1 Ap... | Sun... |

    **Cleveland**

[Register for an Account](#) | [Reports \(1\)](#) | [Login](#)

**Home** | **Building & Housing** | **Assessments and Licenses**

[Search Building Records](#)

**Record RR17-01184:**  
**Registration - Rental Registration**

**Work Location**

13302 CRENNELL AVE  
CLEVELAND OH 44105

**Record Details**

**Owner:**  
CRENNELL DUPLEX LLC  
414 CHESTNUT LANE  
BRENTWOOD CA 94513

► **More Details**

► **Fees**

► **Inspections**

▼ **Processing Status**

✓ ► Registration Submittal  
✓ ► Research  
⌚ ▼ Renewal  
Due on 05/11/2017, assigned to TBD  
Marked as Registration Renewed on 05/11/2017 by TA  
Closed

# INSPECTION

Rental Inspection Checklist



## Primary Checklist Items\*

- ☐ Peeling paint in door jams, windows, interior or exterior surfaces
- ☐ Hot/cold running water
- ☐ Leaks under sinks (mold)
- ☐ Toilets flush & stable
- ☐ Smoke detector/CO monitors
- ☐ Open junction boxes
- ☐ Excessive extension cord use
- ☐ Hot water heater condition
- ☐ Flue present & properly connected to chimney
- ☐ Self-closers on doors *(where applicable)*
- ☐ Illuminated exit signs *(where applicable)*

*\* Inspectors will also inspect for any Housing Code violations.*

## HUD Principles of Healthy Homes

**Dry:** Prevent water from entering your home through leaks in roofing systems, rain water from entering the home due to poor drainage, and check your interior plumbing for any leaking.

**Clean:** Control the source of dust and contaminants, creating smooth and cleanable surfaces, reducing clutter, and using effective wet-cleaning methods.

**Safe:** Store poisons out of the reach of children and properly label. Secure loose rugs and keep children's play areas free from hard or sharp surfaces. Install smoke and carbon monoxide detectors and keep fire extinguishers on hand.

**Well-Ventilated:** Ventilate bathrooms and kitchens and use whole house ventilation for supplying fresh air to reduce the concentration of contaminants in the home.

**Pest-free:** All pests look for food, water and shelter. Seal cracks and openings throughout the home; store food in pest-resistant containers. If needed, use sticky-traps and baits in closed containers, along with least toxic pesticides such as boric acid powder.

**Contaminant-free:** Reduce lead-related hazards in pre-1978 homes by fixing deteriorated paint, and keeping floors and window areas clean using wet-cleaning approach. Test your home for radon, a naturally occurring dangerous gas that enters homes through soil, crawlspaces, and foundation crack. Install a radon removal system if levels above the EPA action-level are detected.

**Maintained:** Inspect, clean and repair your home routinely. Take care of minor repairs and problems before they become large repairs and problems

**Thermally Controlled:** Houses that do not maintain adequate temperatures may place the safety of residents at increased risk from exposure to extreme cold or heat.

Source: HUD,  
[https://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/healthyhomes](https://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/healthyhomes)

**Thank you!**



# **A Cleveland Approach to a Lead Safe Housing Mandate**

Rebecca Maurer, Esq.



# Goal of the Legislation:

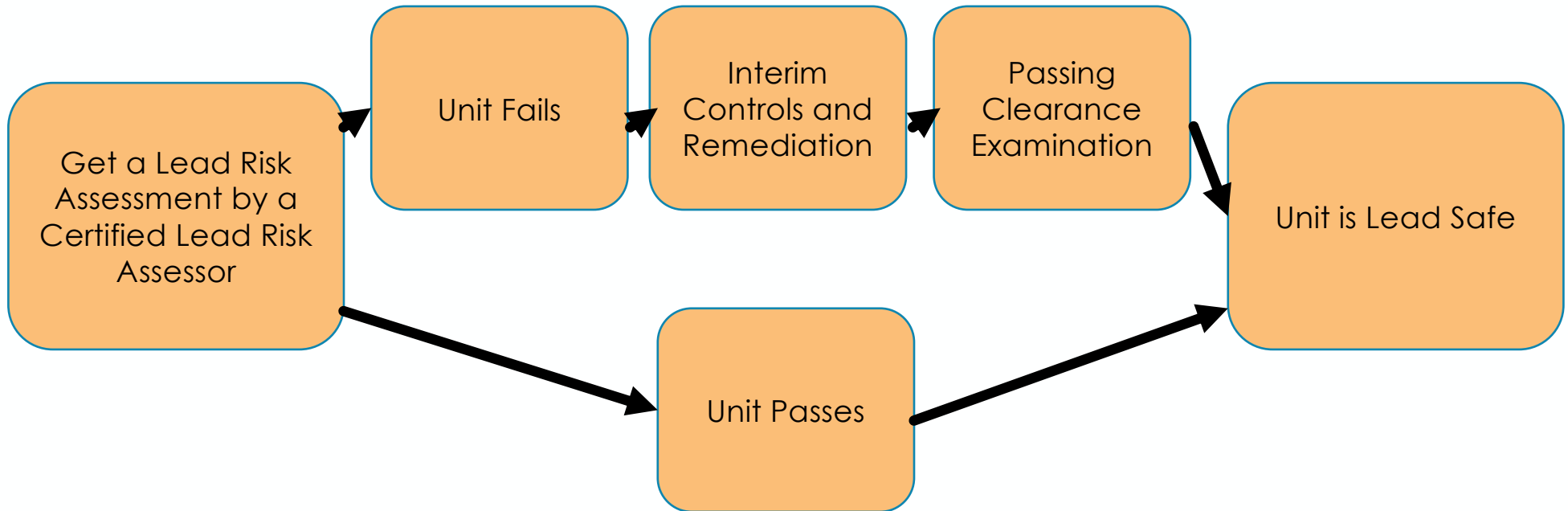
Save children's lives by creating a lead-safe rental housing mandate that is sustainable, implementable, and tailored to Cleveland's existing strengths



- 1. Lead Safe Standard**
- 2. Integration into the Rental Registry & Creation of the Mandatory Standard**
- 3. Enforcement**
- 4. Tenant Protections**
- 5. Public Engagement and Awareness**



# 1. Lead Safe Standard



# **1. Lead Safe Standard**

**Lead risk assessments, interim controls, and clearance exams are defined at R.C. 3742 *et seq.* and O.A.C. 3701-32 *et seq.***

**The required licenses are administered by the Ohio Department of Health**

# **1. Lead Safe Standard**

**Under the proposed legislation, all homes have to meet the same standards. As a result, all homes have dust wipes and there is no incentive for landlords to do non-lead-safe repairs**

# **1. Lead Safe Standard**

**Lead safety has to be re-proven every two years, though in subsequent years a passing clearance examination is enough without a full LRA**

## 2. Integration into the Rental Registry & Creation of the Mandatory Standard

The proposed legislation allows Building and Housing to easily capture lead-safety status on the rental registration form



**Certificate of Rental Registration Application**

All rental property owners (agents or person in charge of any rental property designed or intended to be used as rental dwelling units located in Cleveland, OH, whether or not such units are located within the same structure or any part thereof must register and pay rental registration fees of \$35.00 per unit and obtain a Certificate of Rental Registration issued by the Department of Building & Housing for such structures or units. No fee is required for the unit that the owner occupies. Please note this not voluntary, it is a requirement of chapter 365, 366 and 371 of the Cleveland Codified Ordinances.

**Applicant/Owner Information**

Name:	Phone:	
Address:		
City:	State:	ZIP Code:
Alternate Mailing Address:		
City:	State:	ZIP Code:
Cell Phone:	Email:	Alternate Phone:

**Rental Property Information**

List only the address of property that you are registering below.

Property Address:	State: Ohio	ZIP Code:	# of Units:
City: Cleveland			

**Name of Tenant at property:**

Address:	Suite/Unit:		
City: Cleveland	State: Ohio	ZIP Code:	Phone:

**Partnership and Corporation Information**

Business Name:

Please list the name of each officer	President:	Vice Pres:
General Partner:		Other:
Address:	City/State:	ZIP Code:
Alternate Mailing Address:	State:	ZIP Code:

**Co-owners/Superintendent**

Name:	City/State:	ZIP:
Address:	City/State:	ZIP:
Phone:	Cell Phone:	Alternate Phone:

**Emergency Contacts (please list at least two)**

Name:	Address:	Phone:

If you have questions regarding this application, please call 216-664-2827 or 216-664-2826. Also you may come in person to Cleveland City Hall 601 Lakeside Ave. - Room 517, Cleveland, OH 44114

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. Integration into the Rental Registry & Creation of the Mandatory Standard

Custodian/Supintendent		
Name:		
Address:	City/State:	Zip:
Phone:	Cell Phone:	Alternate Phone:
Certify the property's lead safe status (attach relevant documentation):		
<input type="checkbox"/>	1) Lead safe	
<input type="checkbox"/>	2) Lead safe as part of a multi-unit building	
<input type="checkbox"/>	3) Lead free	
<input type="checkbox"/>	4) Exempt (built after 1978)	
<input type="checkbox"/>	5) Exempt (rented to the owner's immediate family member)	
<input type="checkbox"/>	6) Not lead safe	

## **2. Integration into the Rental Registry & Creation of the Mandatory Standard**

- **The rental registry renews on a March 1 basis. The proposed language prohibits either (1) failing to certify or (2) certifying as “not lead safe” after March 1, 2021**
- **No tiered deadline system due to constitutional and equity issues**



## **3. Enforcement**

- **Carrots:**
  - **Presumption that their house isn't the source of lead poisoning**
  - **Eliminated rental registration fees**
  - **Changes to market standards**
- **Sticks:**
  - **Building and Housing enforcement**
  - **Private Right of Action via Rent Deposit**



## 4. Tenant Protections

- A. We haven't seen displacement be a large issue in other cities
- B. Cleveland already has some pretty powerful tools

(d) The authority described in division (c) to control such nuisance, includes the authority to order the owner or manager to relocate the occupants of a residential unit, day-care facility, or school, until the property passes a clearance examination, if the Commissioner of Environment determines that the health of the occupants may be at risk during the lead hazard control work. **The Commissioner of Environment may relocate the occupants until the residential unit, child day-care facility, or school passes a clearance examination.** The costs and expense of the relocation may be recovered by certifying them to the County Auditor, to be assessed against the property and made a lien upon it and collected as other taxes.

## **4. Tenant Protections**

- A. We haven't seen displacement be a large issue in other cities**
- B. Cleveland already has some pretty powerful tools**
- C. This bill provides tenants with the option to either (1) receive a rent abatement during the period they are temporarily relocated or (2) have the landlord secure alternative properties**

## **4. Tenant Protections**

**D. Finally, the bill ties various existing tenant protections such as retaliation claims to the issue of a landlord's failure to certify a home as lead safe.**

## **5. Public Engagement and Awareness**

**We view a key piece of this legislation as changing the culture around lead in Cleveland: making it part of daily conversations between tenants and landlords, and encouraging all property owners to understand their property's lead status**

## 5. Public Engagement and Awareness

**Lead Advisory Board**, based on the Rochester model, which will receive quarterly reports from implementing Departments and hold quarterly public meetings

# Questions?

**Maurer Law LLC**  
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**216-242-6672**



Lead Safe Cleveland Policy Committee  
Preliminary Timeline – DRAFT as of March 12, 2019

MEETINGS	Lead Safe Cleveland Meeting February 15, 2019	Policy Committee Meeting #1 March 1, 2019	Policy Committee Meeting #2 March 12, 2019	Policy Committee Meeting #3 March 26, 2019	Policy Committee Meeting #4 April 9, 2019	Lead Safe Cleveland Meeting April 12, 2019	Policy Committee Meeting #5 April 23, 2019	Policy Committee Meeting #6 April 30, 2019
TOPICS	INTRODUCTION	BASELINE	PROCESS + PREVENTION	PREVENTION	SCREENING	PROCESS + RECOMMENDATIONS REPORT OUT	TREATMENT + INTERVENTION EDUCATION + OUTREACH INTERSECTIONS	INITIAL RECOMMENDATIONS
MEETING OBJECTIVES	<ul style="list-style-type: none"><li>Establish purpose of the Committee</li><li>Share policy aspirations</li></ul>	<ul style="list-style-type: none"><li>Create a common baseline</li><li>Understand our short-term and long-term purpose and goals</li><li>Chart an aggressive plan forward</li></ul>	<ul style="list-style-type: none"><li>Understand our process</li><li>Begin to identify our ‘Must Haves’ in prevention</li><li>Establish subcommittees</li></ul>	<ul style="list-style-type: none"><li>Incorporate Community Engagement Committee Feedback</li><li>Produce draft recommendations for Prevention</li></ul>	<ul style="list-style-type: none"><li>Produce draft recommendations for Screening</li></ul>	<ul style="list-style-type: none"><li>Present:<ul style="list-style-type: none"><li>Process (before AND after May 1 initial recommendations)</li><li>Decision-making framework</li></ul></li></ul>	<ul style="list-style-type: none"><li>Discuss intersections, such as: Tenant Rights, Workforce Development</li><li>Produce draft recommendations for Treatment + Interventions, Education + Outreach, Intersections</li></ul>	<ul style="list-style-type: none"><li>Finalize results of “Opt-Out”</li></ul>
POSSIBLE MEETING OBJECTIVES				<ul style="list-style-type: none"><li>Review CWRU Preliminary Data</li></ul>		<ul style="list-style-type: none"><li>Progress on recommendations</li></ul>	<ul style="list-style-type: none"><li>Incorporate Coalition feedback</li></ul>	
ONGOING OBJECTIVES	Consider Metrics + Measuring Success							
	Apply Racial Equity Lens							
	Assess What Resources Might be Needed (Lead Safe Home Fund, Programming, Education Materials, etc.)							

SPECIAL MEETINGS	<b>Subcommittees</b> Prevention Screening Treatment + Intervention Education + Outreach Intersections	<b>Community Engagement Committee Meetings</b> Presentation on March 19, 2019 2 <sup>nd</sup> Presentation TBD	<b>Governance Committee Meeting</b> Presentation on March 26, 2019
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Lead Safe Cleveland Policy Committee  
Preliminary Timeline – DRAFT as of March 26, 2019

MEETINGS	Policy Committee Meeting #3 March 26, 2019	VOTING - Prevention Recommendations (Confidential & Electronic)	Policy Committee Meeting #4 April 11, 2019	Lead Safe Cleveland Meeting April 12, 2019	VOTING - Screening Recommendations (Confidential & Electronic)	Policy Committee Meeting #5 April 23, 2019	VOTING - Treatment + Intervention, & Education + Outreach Recommendations (Confidential & Electronic)	Policy Committee Meeting #6 April 30, 2019
TOPICS	PREVENTION		SCREENING	PROCESS + RECOMMENDATIONS REPORT OUT		TREATMENT + INTERVENTION EDUCATION + OUTREACH INTERSECTIONS		INITIAL RECOMMENDATIONS
MEETING OBJECTIVES	<ul style="list-style-type: none"><li>Review CWRU Preliminary Data</li><li>Produce final recommendations for Prevention</li></ul>		<ul style="list-style-type: none"><li>Produce draft recommendations for Screening</li></ul>	<ul style="list-style-type: none"><li>Present:<ul style="list-style-type: none"><li>○ Process (before AND after May 1 initial recommendations)</li><li>○ Decision-making framework</li></ul></li></ul>		<ul style="list-style-type: none"><li>Discuss intersections, such as: Tenant Rights, Workforce Development</li><li>Produce draft recommendations for Treatment + Interventions, Education + Outreach, Intersections</li></ul>		<ul style="list-style-type: none"><li>Finalize results of “Opt-Out”</li></ul>
POSSIBLE MEETING OBJECTIVES				<ul style="list-style-type: none"><li>Progress on recommendations</li></ul>		<ul style="list-style-type: none"><li>Incorporate Coalition feedback</li></ul>		
ONGOING OBJECTIVES	Consider Metrics + Measuring Success							
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## **DATA TO PROMOTE A LEAD SAFE CLEVELAND**

### **Summary of project**

The Center on Urban Poverty and Community Development is drawing upon its established information systems and expertise to provide data to support the work of the coalition. The focus of this work is on the following topics.

#### **1. Profile of Cleveland landlords and their properties**

Housing units in the low-moderate cost private rental market are main sources of lead exposure, and the owners of these units are key stakeholders in addressing housing quality concerns. However, there is not currently a good understanding of the businesses and individual owners operating within this space. From previous studies we know that the vast majority of cases of lead poisoning occur in children living in single or two-family dwellings, suggesting that many of the landlords may be small operators. We also know that following the foreclosure crisis, many out-of-town owners and LLCs acquired these types of properties, thereby changing the mix of landlords in hard hit areas.

We will use our numerous housing and property data sources to provide an inventory of rental properties, their characteristics and conditions, assessed market values, signs of disinvestment and rental registry status. We will also scrub the owner names and de-duplicate them to identify their multiple holdings. Individual owners and LLCs will be classified by whether they are locally based or out of town, the number and types of units they own, signs of disinvestment (e.g., tax delinquency, code violations), acquisition patterns (e.g., bulk purchasers, foreclosure sales, quit claims, land contracts, etc.). Using these profiles, we will characterize neighborhoods according to their rental property and landlord mix, with a special focus on those neighborhoods that have high rates of children testing positive for lead and high volume of the types of properties that present high risk of exposing children to lead.

#### **2. Cost scenarios for lead hazard control**

Reducing lead hazards and increasing the lead safety of Cleveland's housing and children will require several types of action on the part of government, nonprofit and private sector. Much can

be learned about these actions from what has been tried and what has worked elsewhere. But the specific approaches will need to be adapted to Cleveland, and it will be important to be able to assess the projected costs of various elements alone or in various combinations.

We will work with the coalition to identify promising practices and specific actions that are being considered. We will conduct a literature and internet search and reach out to key individuals locally and nationally to determine what is known about the costs of various strategies, policies and interventions. This information will be evaluated for its reliability and applicability to the Cleveland situation. Specific unit cost estimates and ranges will be generated for the actions and strategies under consideration. These can then be incorporated into scenarios that vary the scale of implementation, levels of cost sharing or cost recovery, and or revenues that may result. The scenario building will be an iterative process subject to review by fiscal experts.

### **3. Quantification of downstream outcomes**

Acting on lead prevention promises to have benefits that well exceed the costs. Much of this return-on-investment is anticipated to come from avoidance of some of the long-term consequences of lead poisoning over the course of child and adolescent development. However, the scope and degree of these potential cost savings have not yet been documented for Cleveland children. To fill this information gap, we are examining the incidence of the downstream adverse and costly outcomes for a cohort of Cleveland youth. Specifically, we are comparing a group of children who tested positive for lead in their early years against a matched cohort that had negative lead tests at the same age. The differences in the lead exposed and non-lead exposed groups, controlling for relevant, observed factors, will be used to estimate economic costs of lead exposure against which the savings due to prevention can be projected.

To carry out this study we will focus on youth who were in 9<sup>th</sup> grade in CMSD during the 2005-2008 school years. Using our linked administrative data, we will be able to look retrospectively at their lead test results to form the two matched comparison groups, those with elevated lead tests ( $>5 \mu\text{g/dL}$ ) and those whose lead levels did not exceed the threshold. We will also capture data on their socio-economic characteristics, academic performance in elementary grades along with use of specialized social and educational services during this period. Going forward from the 9<sup>th</sup> grade, we will track their subsequent outcomes such as academic performance, high school graduation rates, juvenile justice involvement, public assistance use, employment and earnings, and adult criminal justice involvement up through 2018 when they will be between 25 and 28 years old. Statistical models will produce estimates of the effect of lead exposure in childhood on outcomes, net of other factors that may differentiate the two groups. Applying these effect sizes, we will draw on economic analyses of costs to estimate the savings that would result from prevention of lead exposure in similar populations.

#### **4. Maps and metrics to target resources and chart progress (in development)**

As strategic decisions are being made, it will be important for the coalition to have baseline data to inform policies and priorities and ongoing data to track the success of early implementation efforts. We will work with the partners to identify their data needs, and to craft key indicators and metrics that can be mapped, tabulated and trended for the city as a whole and smaller geographic units (e.g. ward, SPA, tract, block). Many of the data sources that will be useful already flow into the Center on a regular basis, but it is likely that others sources will need to be added to our data infrastructure as the plan takes shape.

Examples of data that are likely to prove useful include:

- *Rental properties*: Counts, types, units, conditions, market value, rental registry status, lead inspections, certifications, sales, vacancy, abandonment, demolition, new construction
- *Landlords*: Individuals, LLCs, numbers of properties, local, out of town, out of US, housing court (e.g. evictions, code violations)
- *Households*: Housing instability, affordability, gentrification, displacement, eviction, homelessness
- *Children*: Lead screening rates, lead poisoning rates

# Lead Testing and Exposure in Cleveland Census Tracts

*The Center on Urban Poverty and Community Development*

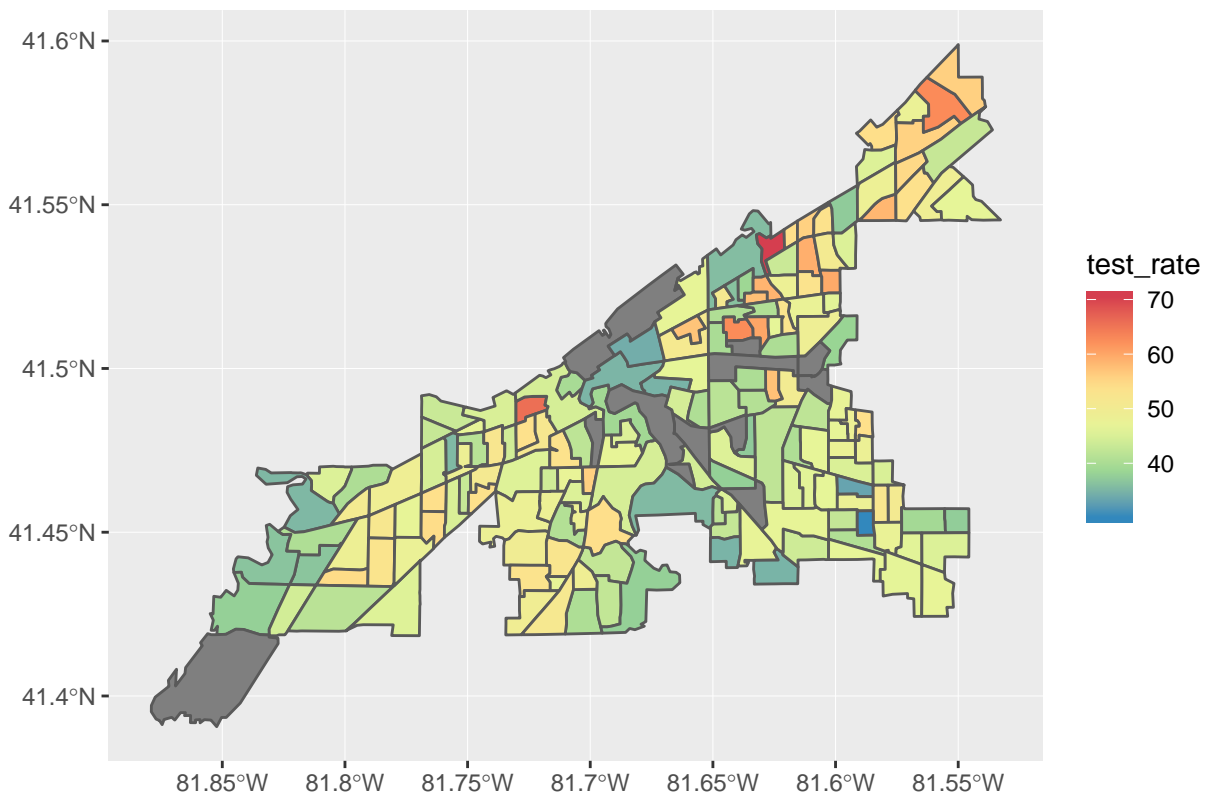
*PRELIMINARY DRAFT*

## Age 1 Testing Rates

The percent of children born from 2014 to 2016 that were tested for lead around their first birthday (by age 15 months). Looking at census tracts that had at least 30 children born between 2014 and 2016:

- the citywide age 1 testing rate was 46.4 percent
- the lowest testing rate in any census tract was 19.4 percent
- the highest testing rate in any census tract was 70.4 percent

### Age 1 Lead Testing Rates, 2014–16 Birth Cohort

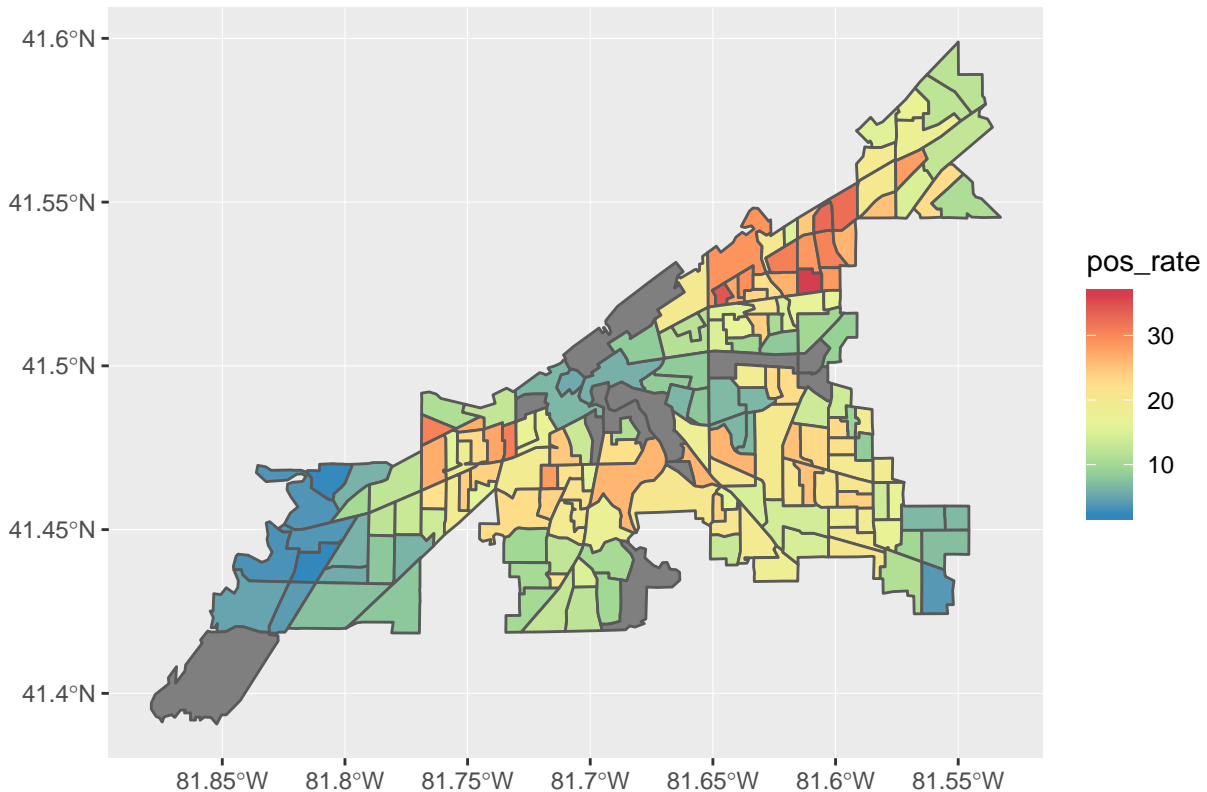


## Rates of Elevated Blood Lead Levels (EBLL), 2014-2017

The percent of yearly tests among children age 0-6 that were above the public health standard for lead exposure (BLL  $5\mu\text{g}/\text{dL}$  or greater). If a child had more than one test in any year, the highest LL tests was used. Rates were calculated in census tracts that had at least 60 tests among children age 0-6 from 2014 to 2017:

- The citywide EBLL rate was 16.79 percent
- the lowest EBLL rate in any census tract was 2.38 percent
- the highest EBLL rate in any census tract was 36.26 percent

### Elevated Blood Lead Level Rates in Ages 0 to 6, 2014–2017

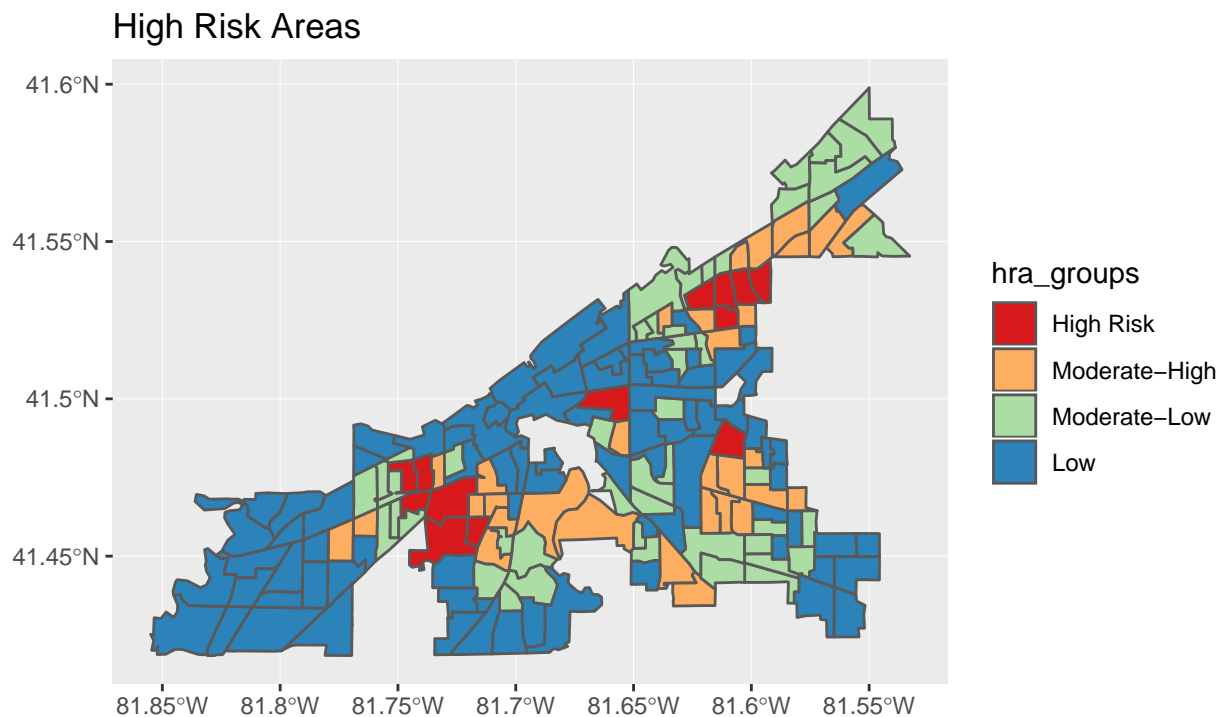


*The Center on Urban Poverty and Community Development  
PRELIMINARY DRAFT*

## High Risk Areas, 2014 - 2017

Each year from 2014 to 2017, more than 1,500 children under age 6 had an elevated BLL test. As the previous map demonstrated, the risk of lead exposure is greater in some parts of the city than others. The following map arranges Cleveland's census tracts into four risk groups, based on the total number of children living in a given census tract at the time of an elevated BLL test result. Looking at Cleveland's 177 census tracts (excluding non-residential areas):

- 20 percent of all elevated BLL tests from 2014-2017 occurred in 13 census tracts
- 50 percent of positive tests occurred in 44 census tracts
- 80 percent of positive tests occurred in 92 census tract
- The last 20 percent of positive tests were spread among 81 census tracts



*The Center on Urban Poverty and Community Development*  
*PRELIMINARY DRAFT*



January 2019

## Early Childhood Lead Exposure in Cuyahoga County and the Impact on Kindergarten Readiness

Elizabeth Anthony, Ph.D., Stephen Steh, M. A., Meghan Salas Atwell, Ph.D. & Rob Fischer, Ph.D.

### Key points:

- Although rates of children with elevated blood lead levels above the current public health threshold for concern have been on the decline, children in Cuyahoga County still account for 41% of the children in Ohio with elevated lead levels.
- Despite Medicaid rules that mandate testing at ages 1 and 2, only 50% of the children on Medicaid in Cuyahoga County were tested at age 1 and only 34% were tested at age 2.
- Of 11,560 children born in Cuyahoga County in 2012 and screened at least once by age 5, 1,237 children (10.7%) had an elevated blood lead level by age 5. Most of these children lived in Cleveland.
- Children with elevated lead levels are half as likely as their peers to score “On-track” for language and literacy on the kindergarten readiness assessment, even after controlling for a range of background factors.

**Note: The birth and lead data used in this report come from the Ohio Department of Health. This should not be considered an endorsement of this study or these conclusions by the Ohio Department of Health.**

Lead is an environmental neurotoxin associated with cognitive deficits, even at low levels of exposure. These negative effects have been well documented<sup>1</sup> and include damage to the brain and nervous system, slowed development and decreased IQ, learning and behavior problems, and hearing and speech problems.<sup>2</sup> The importance of screening, prevention and intervention is well documented in the literature. This report contributes by focusing specifically on Cuyahoga County to document the extent to which screening is occurring, the prevalence of exposure, and preliminary local evidence around the detrimental effects of exposure on kindergarten readiness. The aim is to more fully inform local efforts to both prevent further exposure and implement effective interventions for those exposed.

<sup>1</sup> Zhang, N., Baker, H. W., Tufts, M., Raymond, R. E., Salihu, H., & Elliott, M. R. (2013). Early childhood lead exposure and academic achievement: Evidence from Detroit Public Schools, 2008–2010. *American Journal of Public Health*, 103(3), e72–e77.

<sup>2</sup> Agency for Toxic Substances and Disease Registry (ATSDR). 2007. Toxicological profile for lead. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Services. <http://www.atsdr.cdc.gov/toxprofiles/tp13.pdf>

Today, the primary source of lead exposure comes from paint dust and chips in homes built prior to 1978,<sup>3</sup> when lead was commonly added to paint. Children can be exposed to lead when lead dust is inhaled or when lead is ingested. For cities with much pre-1978 housing stock<sup>4</sup> like Cleveland and its inner ring suburbs, the risk to children remains a serious concern. Childhood lead exposure is measured against thresholds set by the public health community. Although the federal government established 5 µg/dL (micrograms per deciliter) of lead in children's blood as the threshold for public health concern in 2012, there is no safe level of lead in a child's blood.<sup>5, 6</sup> In Ohio and other states, the Action Level by which a mandatory in-home public health lead investigation is triggered is 10 µg/dL.<sup>7</sup>

It is crucial to screen children for lead at very young ages for several reasons. First, though lead can be ingested in a number of ways including via contaminated water (as was the case in Flint, MI when the water source was switched between April 2014 and October 2015),<sup>8</sup> children living in areas with older housing stock are most at risk of lead exposure, particularly when they begin to explore their environments through crawling. While crawling and pulling themselves up to stand, young children are more likely to come into contact with and subsequently ingest dust and chips from lead-based paint. Second, critical brain development is occurring at this same time and can be significantly negatively affected by the toxin. Therefore, the greatest likelihood of exposure to this environmental neurotoxin occurs at the precise time when it can do the most lasting damage to the child's brain.<sup>9</sup> Third, testing is critical so that appropriate interventions can take place that remove children from the presence of the toxin and trigger a public health response to prevent future exposures to other children.

#### What is the prevalence of elevated blood lead levels in Cuyahoga County?

In Cuyahoga County, thousands of children have been and continue to be exposed to lead due primarily, to poorly maintained aging and deteriorating housing stock. In fact, in 2016, Cuyahoga County accounted for 14% of Ohio's lead tested children, but 41% of all children found to have an elevated blood lead level (EBLL)  $\geq 5$  µg/dL.<sup>10</sup> The problem of lead exposure is not evenly distributed throughout Ohio. The number of children in just the

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<sup>3</sup> Centers for Disease Control and Prevention. Sources of Lead. <http://www.cdc.gov/nceh/lead/tips/sources.htm>

<sup>4</sup> Centers for Disease Control and Prevention. Lead Prevention Tips. <http://www.cdc.gov/nceh/lead/tips.htm>

<sup>5</sup> D. Bellinger. (2008). Very low lead exposures and children's neurodevelopment. *Current Opinion in Pediatrics*, 20, 172-177.

<sup>6</sup> C. Cole, A. Winsler (2010), "Protecting Children from Exposure to Lead: Old Problem, New Data, and New Policy Needs." *Social Policy Report* 24(1).

<sup>7</sup> Ohio public health lead investigations include visual assessment of the environment where exposure occurred, x-ray fluorescence analysis of deteriorated paint, and analysis of other items that may contain lead (e.g., ceramic cookware, toys), and in some cases analysis of dust and soil samples. Retrieved from <http://codes.ohio.gov/oac/3701-30-07>

<sup>8</sup> Gomez, H. F., Borgialli, D. A., Sharman, M., Shah, K. K., Scolpino, A. J., Oleske, J. M., & Bogden, J. D. (2018). Blood lead levels of children in Flint, Michigan: 2006-2016. *The Journal of Pediatrics*, 197. 158-164. [https://www.jpeds.com/article/S0022-3476\(17\)31758-4/fulltext](https://www.jpeds.com/article/S0022-3476(17)31758-4/fulltext)

<sup>9</sup> World Health Organization. 2010. "Childhood Lead Poisoning." Geneva, Switzerland: World Health Organization. <http://www.who.int/ceh/publications/leadguidance.pdf>.

<sup>10</sup> Ohio Department of Health, Public Health Data Warehouse. <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>

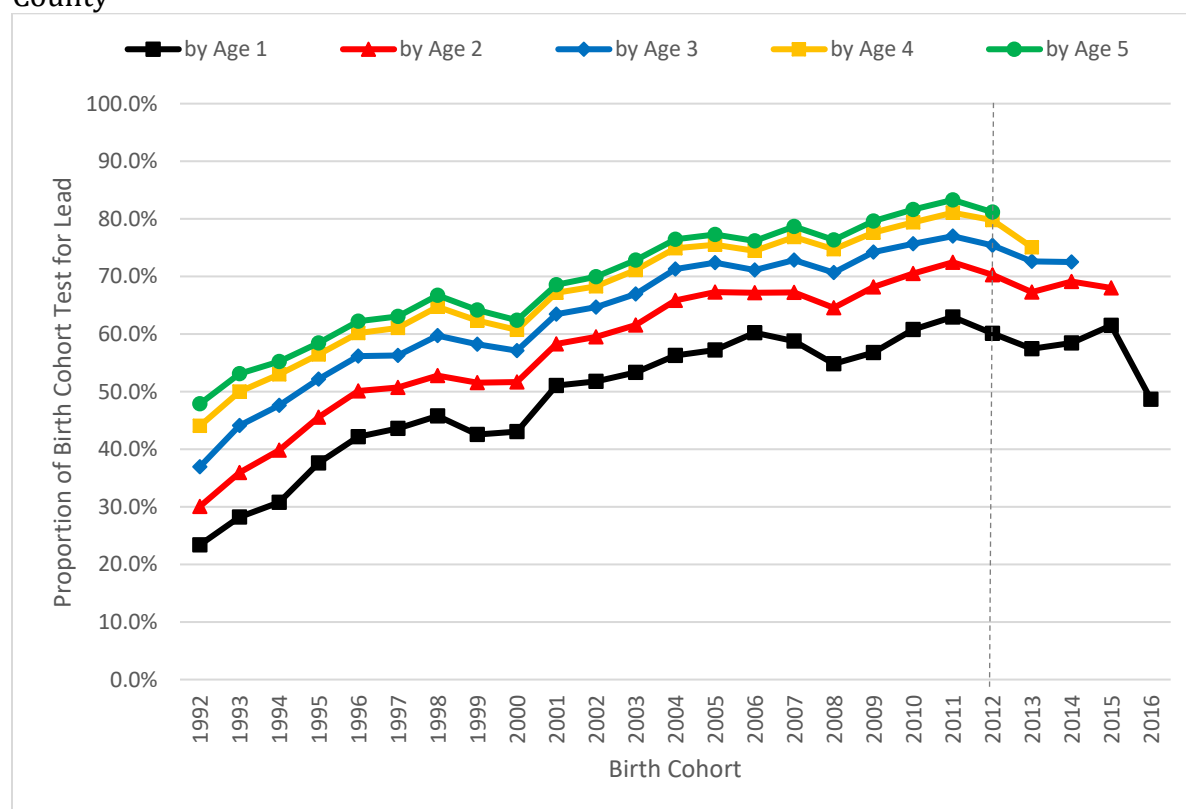


Cleveland suburbs with EBLs (n=303) exceeds the total number of children with EBLs in all other counties in Ohio except Lucas and Hamilton Counties.<sup>11</sup> As documented by the Cuyahoga County Board of Health's 2016 Child Elevated Blood Lead Level report, which draws on data from the Ohio Department of Health, suburbs with the most children with EBLs  $\geq 5$   $\mu\text{g}/\text{dL}$  were East Cleveland (n=129), Cleveland Heights (n=58), Lakewood (n=43), and Euclid (n=34).<sup>12</sup>

### To what extent are children being screened for lead?

Using birth certificate and lead testing records from the Ohio Department of Health, Figure 1 illustrates that the proportion of a birth cohort screened at least once for lead by key ages has increased from 1992 to the present. In the early 1990's, approximately half of all children born in Cuyahoga County had received a blood lead test by age 5. Today, 81.2% of the 2012 birth cohort had been screened by age 5 (that is, by 2017, which is the most recent year of data from the Ohio Department of Health available to the Center on Urban Poverty and Community Development). Because the age at which children are being screened is critically important, it is encouraging to see that 70% of children tested in the 2012 birth cohort received their first test by age 2.

**Figure 1.** Lead Testing Rates by Age and Birth Cohort for Children Born in Cuyahoga County



<sup>11</sup> Ohio Department of Health, Public Health Data Warehouse.

<http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>

<sup>12</sup> <http://www.ccbh.net/wp-content/uploads/2018/06/Report-2016-Children-residing-Cuyahoga-County.pdf>

In each of the birth cohorts depicted in Figure 1, approximately 11,500 children were screened for lead at least once between birth and age 5.

Are children on Medicaid being tested for lead according to Medicaid guidelines?

Medicaid guidelines<sup>13</sup> require that enrolled children be tested for lead exposure at 12 AND 24 months of age and that any child between 24 and 72 months of age with no record of a previous blood lead screening be tested. As mentioned above, these early ages are critical for testing because it is when children are most prone to lead exposure and are most susceptible to its harmful effects. Additionally, when children are not tested at these high-risk ages, it is difficult to ascertain in a later test what their level of exposure was previously.

Examining kindergarteners attending public schools in Cleveland and 11 inner-ring suburban districts from 2011-2012 to 2016-2017<sup>14</sup> (N=35,334), researchers used monthly Medicaid enrollment records to identify children who had been covered for at least 22 of their first 24 months of life. Just over half of the kindergarteners met this criteria (N=18,070). As shown in Table 1, 90% of children receiving Medicaid had been tested for lead at least once between birth and kindergarten entry. However, only half of children were tested at age 1<sup>15</sup> and just over 34% were tested at age 2.<sup>16</sup> Approximately 1 in 5 children were tested at both age 1 AND age 2. By age 2, one-third of children on Medicaid who were screened at least once had an EBL  $\geq 5$   $\mu\text{g}/\text{dL}$ . The average (geometric mean) blood lead level among children who were screened as elevated at age 1 was 7.7  $\mu\text{g}/\text{dL}$  and 8.2  $\mu\text{g}/\text{dL}$  among children screened as elevated at age 2. Approximately 5.4% of screened children on Medicaid had an EBL  $\geq 10$   $\mu\text{g}/\text{dL}$  by age 2, meeting the Action Level that triggers a mandatory in-home Public Health Lead Investigation. Based on previous research we have conducted on the rate of kept well-child visits for children on Medicaid, we hypothesize that the low screening rates at 12 and 24 months of age are primarily due to the fact that many of these children are not completing the recommended well-child visits at those ages. Due to limits in our access to data, we are currently unable to confirm our hypothesis.

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<sup>13</sup> <https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>

<sup>14</sup> Inner ring suburban districts include Bedford, Berea, Brooklyn, Cleveland Heights, East Cleveland, Garfield Heights, Lakewood, Maple Heights, Richmond Heights, South Euclid/Lyndhurst, and Warrensville Heights. Approximately 56% of the kindergarteners in this sample attended CMSD and 44% attended one of the 11 suburban districts.

<sup>15</sup> A three-month buffer before and after the child's 1<sup>st</sup> birthday was used in looking for any testing record between 9 and 15 months of age.

<sup>16</sup> A three-month buffer before and after the child's 2<sup>nd</sup> birthday was used in looking for any testing record between 21 and 27 months of age.

**Table 1.** Lead Testing Rates compared to Medicaid Guidelines among Kindergarteners Covered by Medicaid for the First Two Years of Life, N=18,070

	%	Count (n)
Tested at least once between birth and kindergarten entry	90.0	16,263
Tested at age 1 <sup>15</sup>	50.0	9,035
Tested at age 2 <sup>16</sup>	34.6	6,252
Tested at both age 1 AND age 2, consistent with Medicaid guidelines	21.5	3,892
EBLL $\geq 5$ $\mu\text{g}/\text{dL}$ at least once by age 2	33.9	6,125
EBLL $\geq 10$ $\mu\text{g}/\text{dL}$ at least once by age 2	5.4	969

How many children have blood lead levels above 5  $\mu\text{g}/\text{dL}$ ?

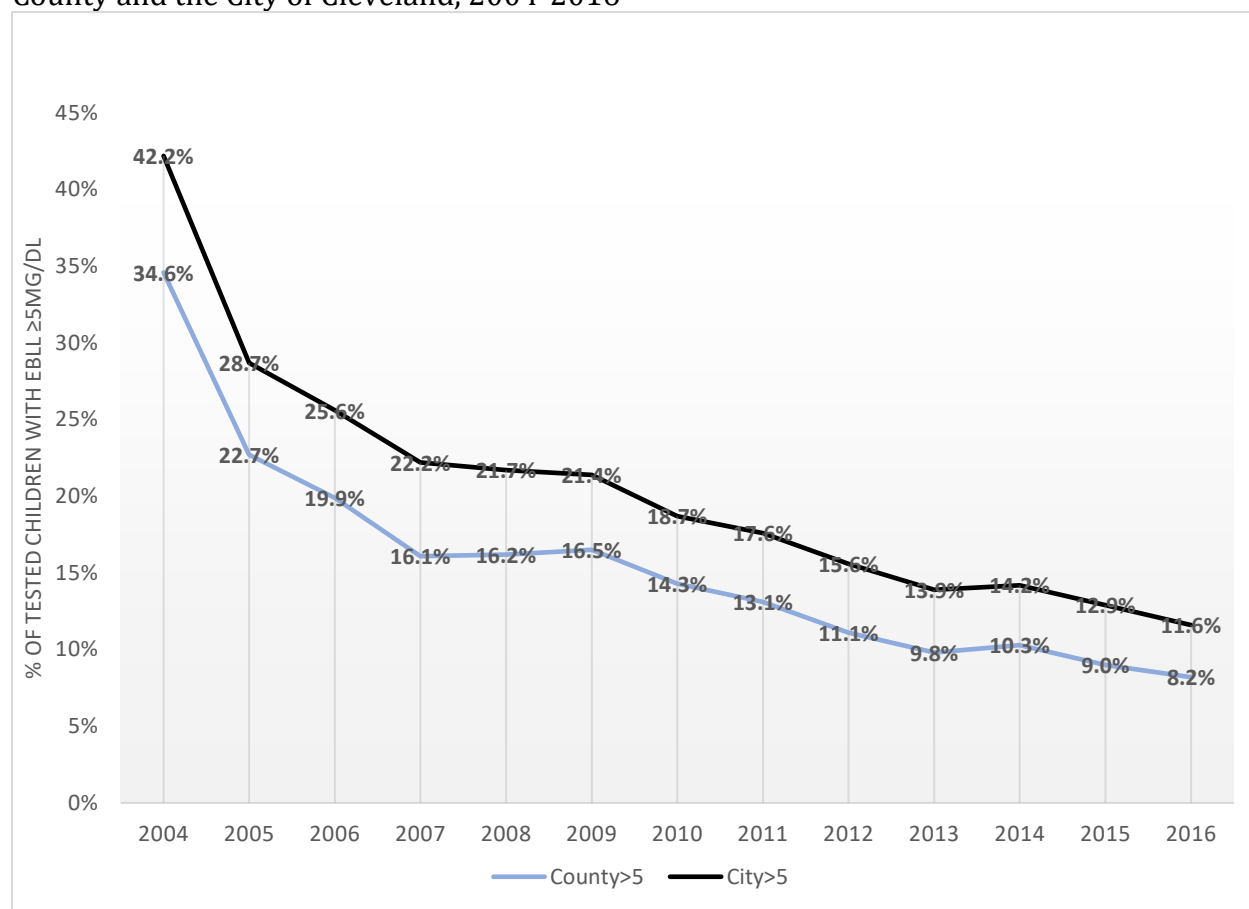
Public attention is often focused on the number of children who have an elevated blood lead test result in a given year.<sup>17</sup> These annual snapshots indicate that the percent of children with EBLLs  $\geq 5$   $\mu\text{g}/\text{dL}$  has been on the decline for many years. According to Figure 2, in 2016, 11.6% (n=1,563) of screened children under the age of 6 living in Cleveland had an EBLL  $\geq 5$   $\mu\text{g}/\text{dL}$  compared to 42.2% in 2004; county-wide, the rates dropped to 8.2% (n=1,866) in 2016 from 34.6% in 2004. While a notable decline, children living in Cuyahoga County continue to be disproportionately impacted by lead exposure. By way of perspective, 6.9% of tested children in Toledo, 2.6% of tested children in Cincinnati, and 1.3% of tested children in Columbus<sup>18</sup> were found to have an EBLL  $\geq 5$   $\mu\text{g}/\text{dL}$  in 2016.

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<sup>17</sup> It is important to note that testing data do not indicate *when* a child was lead exposed, but rather, when a test returned an EBLL  $\geq 5$   $\mu\text{g}/\text{dL}$ .

<sup>18</sup> Ohio Department of Health, Public Health Data Warehouse.  
<http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>

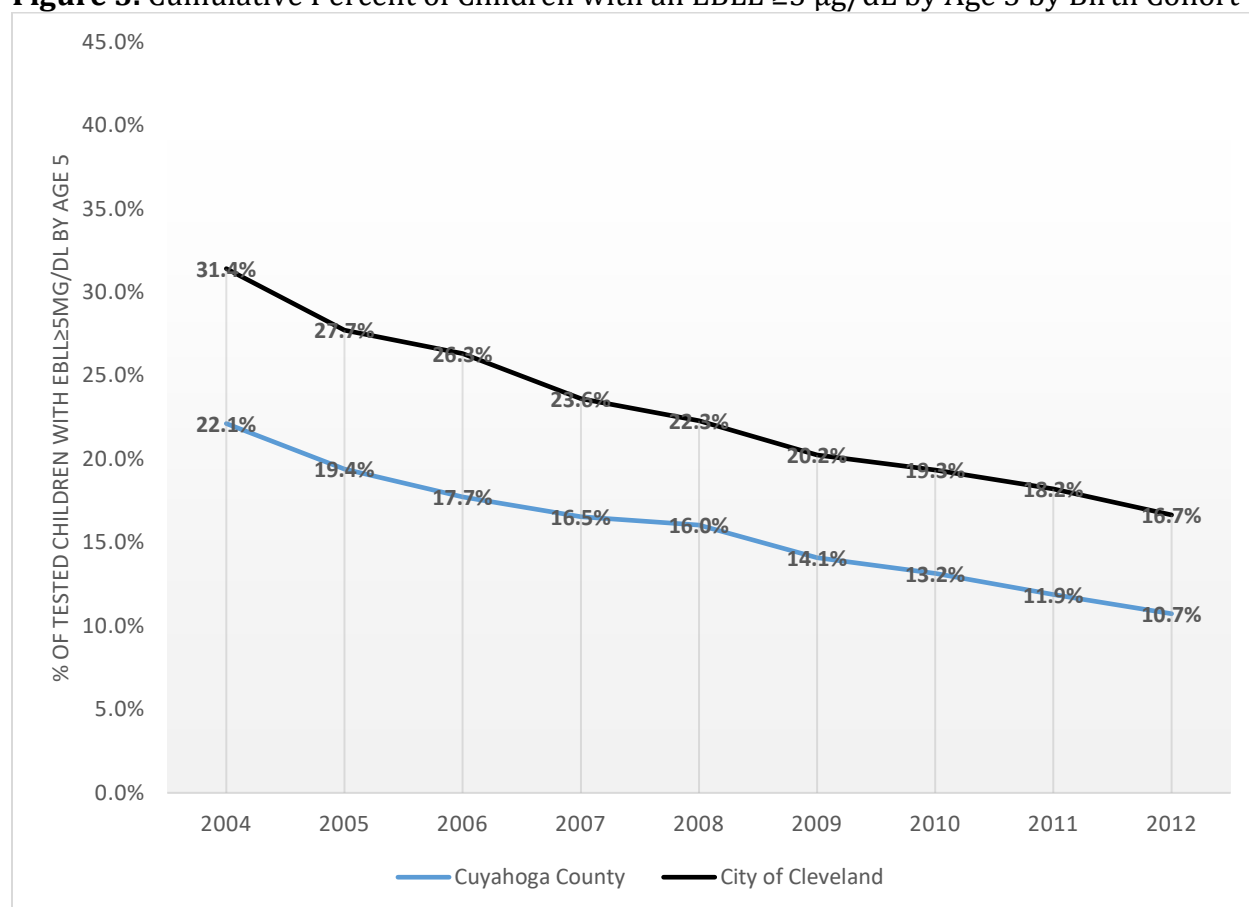
**Figure 2.** Annual Rates of Children under the age of 6 with EBL  $\geq 5$   $\mu\text{g/dL}$ : Cuyahoga County and the City of Cleveland, 2004-2016



While the decline shown in Figure 2 is encouraging, it does not tell the whole story. Examining only annual testing results masks the cumulative effect of environmental lead exposure over the entire early childhood period. Figure 3 displays a longitudinal picture of EBLs among children born in Cuyahoga County and Cleveland between 2004 to 2012. As shown in Figure 3, by age 5, 10.7% ( $n=1,237$ ) of children in the 2012 Cuyahoga County birth cohort who were screened for lead at least once during the first five years of their life had an EBL  $\geq 5$   $\mu\text{g/dL}$ . Proportionately more children born in the City of Cleveland have elevated lead levels. In comparison to the county, by age 5, 16.7% ( $n=952$ ) of children in the 2012 Cleveland birth cohort who were screened for lead at least once during the first five years of their life had an EBL  $\geq 5$   $\mu\text{g/dL}$ . This rate is an average across all neighborhoods in Cleveland; however, as mentioned previously about screening rates, the rates of children with EBLs vary widely across neighborhoods. In some areas, like St. Clair-Superior and Clark-Fulton, approximately a quarter of the children screened in a given year are found to have an EBL  $\geq 5$   $\mu\text{g/dL}$ .<sup>19</sup>

<sup>19</sup> <http://www.ccbh.net/wp-content/uploads/2018/06/Report-2016-Children-residing-in-the-City-of-Cleveland.pdf>

**Figure 3. Cumulative Percent of Children with an EBLL  $\geq 5$   $\mu\text{g}/\text{dL}$  by Age 5 by Birth Cohort**



### How do children with an EBLL $\geq 5$ $\mu\text{g}/\text{dL}$ fare when they get to kindergarten?

Recent research on the effects of lead exposure have consistently shown its detrimental impact on academic outcomes.<sup>20</sup> In kindergarten, children with EBLs  $\geq 5$   $\mu\text{g}/\text{dL}$  performed worse on kindergarten reading readiness assessments than did children with lower levels of exposure.<sup>21</sup> To date, no formal evaluations have examined whether early childhood educational interventions help ameliorate the harmful effects of lead exposure on later academic performance; however, evidence does exist demonstrating that high-quality preschool programs are especially helpful to children who have experienced cognitive and developmental deficits associated with exposure to poverty and trauma.<sup>22,23</sup> Many

<sup>20</sup> Zhang, N., Baker, H. W., Tufts, M., Raymond, R. E., Salihu, H., & Elliott, M. R. (2013). Early childhood lead exposure and academic achievement: Evidence from Detroit Public Schools, 2008–2010. *American Journal of Public Health, 103*(3), e72-e77.

<sup>21</sup> McLaine, P., Navas-Acien, A., Lee, R., Simon, P., Diener-West, M., and Agnew, J. (2013). Elevated blood lead levels and reading readiness at the start of kindergarten. *Pediatrics, 131*(6), 1081-1089.  
<http://pediatrics.aappublications.org/content/pediatrics/early/2013/05/08/peds.2012-2277.full.pdf>

<sup>22</sup> Magnuson, K. A., Meyers, M. K., Ruhm, C. J., and Waldfogel, J. (2004). Inequality in Preschool Education and School Readiness. *American Educational Research Journal, 41*(1), 115-157.

<sup>23</sup> [https://www.pewtrusts.org/-/media/assets/2017/08/hip\\_childhood\\_lead\\_poisoning\\_report.pdf](https://www.pewtrusts.org/-/media/assets/2017/08/hip_childhood_lead_poisoning_report.pdf)

children with EBLs experience these same deficits. Thus, it is plausible that high quality early childhood educational experiences may help to remediate the harmful effects of lead.

We conducted a retrospective analysis looking at the relationship between lead exposure and kindergarten readiness, among a sample of kindergartners who received a high dose of high quality preschool.<sup>24</sup> Drawing on data from the ChildHood Integrated Longitudinal Data (CHILD) System,<sup>25</sup> we estimated the odds of scoring 'On-track' for language and literacy as measured by the state-mandated kindergarten readiness assessment (KRA-L and KRA language and literacy subscale) for children with and without a lifetime history of EBL  $\geq 5$   $\mu\text{g}/\text{dL}$ . Using a sample of kindergartners attending public schools in Cleveland and 11 inner ring suburban districts from 2011-2012 to 2016-2017<sup>26</sup> (N=35,334), we found that children with a history of EBL  $\geq 5$   $\mu\text{g}/\text{dL}$  were half as likely to score 'On-track' for language and literacy compared to children without a history of an EBL  $\geq 5$   $\mu\text{g}/\text{dL}$  even after controlling for individual, family and neighborhood characteristics known to be associated with kindergarten readiness.<sup>27</sup>

These findings indicate that even with a significant dose of high quality preschool, lead exposure still has a substantial negative impact on school readiness. Further, a previous research study examining cognitive development (as measured by the Bracken School Readiness Assessment) during a single year of high quality preschool found that while children with an EBL  $\geq 5$   $\mu\text{g}/\text{dL}$  made sizable gains during the year, they exited preschool

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<sup>24</sup> A high dose is defined as attending for 18 or more months in the two years before entering kindergarten. High-quality preschools are rated as 3, 4, or 5 stars in the state's quality rating system, Step Up To Quality.

<sup>25</sup> The CHILD System is a comprehensive integrated data system comprised of linked individual-level administrative records on residents born or living in Cuyahoga County since 1989. It is among the most complete integrated data systems available for children within a county. The CHILD System contains nearly 200 million records from 35 public and nonprofit entities. The following types of records were used in this analysis: birth certificates and lead testing records from the Ohio Department of Health, child abuse/neglect reports from Cuyahoga County Children and Family Services, food assistance and child care subsidy receipt from Cuyahoga County Job and Family Services, homeless services receipt from Cuyahoga County Office of Homeless Services, and participation in Invest in Children IIC programming, specifically Welcome Newborn Home Visit and Universal Pre-Kindergarten. In addition, this analysis drew on public school data also contained in the CHILD System to assess several academic outcomes. Data use agreements with all data providing agencies allow for the legal transfer of individually identifiable data on children and families to the CHILD System. Each DUA outlines the pertinent legal standards (e.g., FERPA, HIPAA, Ohio Revised Code) governing confidentiality, privacy, and acceptable uses of the data for research purposes. The data acquisition process is also fully governed by the authority vested in Case Western University's Institutional Review Board.

<sup>26</sup> Inner ring suburban districts included Bedford, Berea, Brooklyn, Cleveland Heights, East Cleveland, Garfield Heights, Lakewood, Maple Heights, Richmond Heights, South Euclid/Lyndhurst, Warrensville Heights. Approximately 56% of the kindergartners in this sample attended CMSD and 44% attended one of the 11 suburban districts.

<sup>27</sup> The logistic regression models controlled for the following covariates: Individual-level (Age at kindergarten entry, gender, race/ethnicity, birth weight, premature birth, substantiated maltreatment, receipt of newborn home visiting, lead testing and blood lead level); Family-level (SNAP receipt, child care subsidy receipt, whether or not a child was born to a teenage mother, maternal education, homeless service use, residential mobility); Neighborhood level (concentrated neighborhood disadvantage).

knowing less about letters, numbers, colors, sizes and shapes than their peers without an EBL  $\geq 5$   $\mu\text{g}/\text{dL}$  knew when they entered preschool.<sup>28</sup>

It is important to note that in the retrospective analysis, a minority of children with EBLs  $\geq 5$   $\mu\text{g}/\text{dL}$  did score “On-track” according to the KRA language and literacy subscale, despite their elevated lead exposure. There was no statistically significant mean difference in the highest confirmed blood lead test result between this group of children and their peers who also had an EBL  $\geq 5$   $\mu\text{g}/\text{dL}$ , but did not score “On-track.” That is, the actual amount of lead in the children’s blood at the highest confirmed test does not explain why some children scored “On-track” and others did not. The fact that these children scored “On-track,” however, does not mean that lead exposure had no impact on their kindergarten readiness. It is possible that their scores would have been even higher without the lead exposure; the “On-track” designation simply tells us that their underlying score was high enough to meet this benchmark.

Differences between the two groups of children with EBLs were found in areas that suggest children who are not kindergarten-ready are more likely to face other adversities in the early childhood period in addition to lead exposure. For example, proportionately fewer lead exposed children who scored “On-track” were born prematurely, at a low birth weight, or spent more than half their life prior to kindergarten in poverty. These children were also less likely to have moved residences in the preschool years. These differences suggest that it may be possible for children with EBLs to be ready for kindergarten if other life experiences do not exacerbate the impact of elevated lead. Furthermore, for those “On-track” lead exposed children, it may be possible that high quality preschool did play a role in helping them be prepared for kindergarten, although we cannot make that claim with assurance. In order to have more conclusive evidence, we would need to compare this “On-track” group to a group who also had EBLs but attended a low-quality preschool setting for at least 18 months. There are so few children who received this high dose of low-quality preschool that we are unable to make that comparison.

## Discussion

In both number and proportion, children in Cleveland and Cuyahoga County are more at risk for lead exposure than children almost anywhere else in Ohio. Statistics show that the proportion of children with EBLs has declined over time, yet the number of children facing the detrimental impacts of lead exposure is still significant. Moreover, we may not fully see the extent of the problem, given that one-fifth of the most recent birth cohort were never tested for lead exposure by age 5 and a very large percentage of Cuyahoga County children receiving Medicaid are not tested at mandated, high-risk ages.

The seriousness of this problem cannot be overstated, especially when we understand the consequences of lead exposure for a child’s well-being and success in later years. The retrospective analysis of kindergarten readiness shows that, even among children receiving a high dose of high-quality preschool, children with EBLs remain at a significant disadvantage on school readiness assessments when they enter kindergarten. It is possible

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<sup>28</sup> <https://assets.documentcloud.org/documents/2475227/upkleadbracken.pdf>

that the detrimental impact of lead exposure on school readiness is even larger among children who attend preschool in a low-quality setting. We were unable to examine that comparison here, but the larger picture suggests that high-quality preschool alone cannot reverse the impact of early lead exposure. The goal should be primary prevention of lead exposure to ensure children are never at risk.



## Partners in Health: Lead Screening Program

**Partnership Work Group:** \*Frances Payne Bolton School of Nursing;  
\*Cleveland Metropolitan School District (CMSD)  
\*Cleveland Department of Public Health  
\* MetroHealth School Health Program

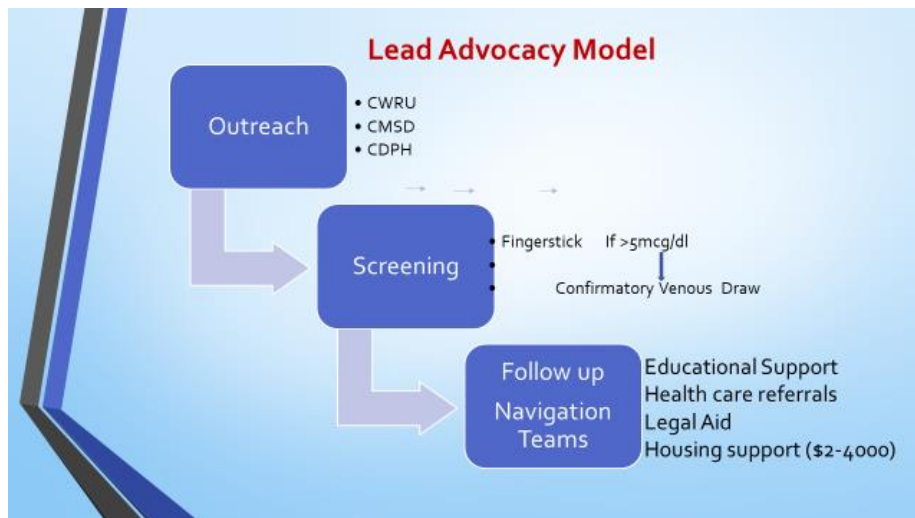
**Goals:** 1. Screen at least 80% of the Pre-K and Kindergarten children in the CMSD annually  
2. Follow up 100% of families with children who have elevated blood lead levels.  
3. Expand beyond the CMSD to charter and religious schools, Head Start and day cares.

**Model:** This is an outgrowth of a 15 year collaboration between the Frances Payne Bolton School of Nursing and the CMSD School Nurses. It is based on the assumption that:

**CMSD children need health services // Nursing Students need community experience**

- The model has been expanded to include other schools of nursing and other health care disciplines.
- Participating programs are asked to make their involvement part of the students required curriculum.

**Process:**



**Results Pilot Year:**

- 18 schools approached
- 16 schools agreed to participate
- 8 schools completed (80-95% children screened)
- 551 children screened
- 8 schools in process (all will reach the 80% minimum)
- 293 children to be screened by May 31

**Results Pilot Year:**

- Schools screened: Glenville (high 16%), Slavic Village (high 0-7%), Stockyards (high ?-6%)
- % of children with elevated blood lead levels ranged from 0%-16%
- Follow up teams are being assigned and 100% will be assigned by May 31.
- Glenville schools had the highest % of children with elevated blood lead levels.

**Medical Management Guidelines**  
**Healthy Homes Advisory Council of Greater Cleveland**  
**2019**

<b>General Management Across All Tiers</b>	<p><b>PREVENTION IS KEY:</b> Provide anticipatory guidance on common sources of environmental lead exposure: paint in homes built prior to 1978, soil near roadways or other sources of lead, take-home exposures related to adult occupation, imported spices, cosmetics, folk remedies, and cookware.</p> <p><b>Initiate lead screening at 12 months of age.</b></p> <p><b>Counsel on healthy diet</b> including adequate intake of iron and calcium. Consider need for multivitamin.</p> <p><b>Perform environmental exposure history.</b></p> <p><b>Refer</b> to local health departments for available resources <sup>1</sup>.</p> <p><b>Refer</b> to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for other nutritional counseling <sup>2</sup>.</p>
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<u>BLL</u>	<u>Confirm with Venous Draw</u>	<u>Tier-Specific Management Strategies</u>	<u>Follow up Testing</u>
0-4ug/dl		<ul style="list-style-type: none"> <li>Discuss lead prevention techniques.</li> </ul>	<ul style="list-style-type: none"> <li>Follow Screening Recommendations</li> </ul>
5-9ug/dl	Within 2 months	<ul style="list-style-type: none"> <li>Complete history, physical, and developmental exam.</li> <li>Assess iron status, hemoglobin, &amp; hematocrit.</li> <li>Treat iron deficiency. Follow AAP guidelines for prevention and treatment of iron deficiency.</li> <li><b>Lead testing of siblings.</b></li> </ul>	<ul style="list-style-type: none"> <li>Every 3 months until BLL &lt;5ug/dl or unchanged.</li> <li>Developmental screen q 6 months for at least 24 months.</li> <li>Resume yearly development screen once BLL is &lt;5ug/dl.</li> </ul>
10-19ug/dl	Within 4 weeks	<p><b>As above AND:</b></p> <ul style="list-style-type: none"> <li>Contact local health department for availability of abatement services and to report the BLL <sup>1</sup>.</li> <li><u>Consider</u> abdominal X-ray and decontamination (Especially if BLL increased from previous test).</li> </ul>	<ul style="list-style-type: none"> <li>Every 6-8 weeks until BLL &lt;10ug/dl or decreasing.</li> <li>Developmental screen q 6 months for at least 24 months.</li> <li>Resume yearly development screen once BLL is &lt;5ug/dl.</li> </ul>
20-44ug/dl	Within 2 weeks	<p><b>As above AND:</b></p> <ul style="list-style-type: none"> <li><b>MUST notify local health department of BLL <sup>1</sup>.</b></li> <li>Review BLL history to consider hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>Every 4 weeks until BLL &lt;20ug/dl or decreasing.</li> <li>Developmental screen q 6 months for at least 24 months, continue if BLL remains unchanged.</li> </ul>
>45ug/dl	Within 48 hours	<p><b>As above AND:</b></p> <ul style="list-style-type: none"> <li>Repeat BLL prior to admission or upon hospitalization.</li> <li>Hospitalization for chelation needed.</li> <li>Ensure child is returning to a lead free environment.</li> </ul>	<ul style="list-style-type: none"> <li>3-4 weeks after treatment.</li> <li><b>Retreatment may be necessary</b></li> <li>Subsequent BLL testing is dictated by the rebound level.</li> <li>Developmental screen q 6 months.</li> </ul>

1. Cuyahoga County Board of Health: 216-201-2000; Cleveland Department of Public Health: 216-664-2175.

2. WIC: The child must be under the age of 5 years old.

3. For more information: CDC at 800-CDC-INFO (800-232-4636); National Lead Information Center at 800-424-LEAD (5323); <http://www.cdc.gov/nceh/lead/>

**Other Resources:**

Bright Beginnings: 216-698-7500.

WIC: Clinic locations: 800-755-4769.

MetroHealth Lead Clinic: Contact Pediatric Appointment Line: 216-778-2222

Starting Point: 216-575-0061

University Hospitals of Cleveland: [rainbow.org/lead](http://rainbow.org/lead)

Revised: 1/2019



## LEAD RISK ASSESSMENT QUESTIONNAIRE

For children through 5 years of age

Lead Risk Questionnaire	Positive		Negative
If the family answers: "Yes" or "Do Not Know" to <b>any</b> question below, lead testing is needed.	DO NOT KNOW	YES	NO
1. Does the child live in or regularly visit a home, child care facility, or school built before 1950?			
2. Does the child live in or regularly visit a home, child care facility, or school built before 1978 that has deteriorated paint?			
3. Does the child live in or regularly visit a home, child care facility, or school built before 1978 with recent renovation/remodeling?			
4. Does the child have a sibling or playmate that has or did have lead poisoning?			
5. Does the child eat non-food items (PICA)?			
6. Does the child often put things into their mouth such as toys, jewelry, or keys?			
7. Does the child frequently come in contact with an adult lead related hobby or works with lead? (construction, welding, pottery, painting, casting ammunition)			
8. Does the child live near an active or former lead smelter, battery recycling plant or other industry known to generate airborne lead dust?			
9. Does the family use traditional medicine, health remedies, cosmetics, powders, spices or foods from other countries?			
10. Does the family cook, store or serve food in lead crystal, pewter or pottery from Asia, Africa or Latin America?			

### HIGH RISK ZIP CODES IN CUYAHOGA COUNTY:

<b>44070</b>	<b>44101</b>	<b>44102</b>	<b>44103</b>	<b>44104</b>	<b>44105</b>	<b>44106</b>	<b>44146</b>
<b>44107</b>	<b>44108</b>	<b>44109</b>	<b>44110</b>	<b>44111</b>	<b>44112</b>	<b>44113</b>	<b>44147</b>
<b>44114</b>	<b>44115</b>	<b>44116</b>	<b>44117</b>	<b>44118</b>	<b>44119</b>	<b>44120</b>	
<b>44121</b>	<b>44122</b>	<b>44123</b>	<b>44124</b>	<b>44125</b>	<b>44127</b>	<b>44128</b>	
<b>44130</b>	<b>44131</b>	<b>44132</b>	<b>44134</b>	<b>44135</b>	<b>44137</b>	<b>44144</b>	Revised: 1/2019